



**INSTRUCTIONS FOR COMPLETING FORM 19.3(a)
STATEMENT OF VOTING CONTROL AND DESIGNATION OF REPRESENTATIVE
NFPA® Q2 2022 NON-ANNUAL POLICY MEETING**

Below is the Statement of Voting Control and Designation of Representative (“Statement”). This Statement **MUST** be completed by each Association expecting to have voting representation for the NFPA® Q2 2022 Non-Annual Policy Meeting on June 18, 2022. The following instructions are provided to assist Delegates in completing the credentialing process.

A complete Statement must be sent to Patty Meagher and Deana Stom, Records Co-ordinators, at the email address given on the Statement **no later than Monday, May 9, 2022, at 5:00 p.m., CT, using the subject line [insert ASSOCIATION NAME] Q2 2022 NON-ANNUAL POLICY MEETING.** Please review your Statement to ensure all required information has been provided. As a voting Delegate, it is your responsibility to ensure you are credentialed for the Q2 2022 Non-Annual Policy Meeting. **Requests submitted after May 9, 2022, will not be accepted.**

The Statement must be completed by a member of your Association’s Board who **will not** be attending the Q2 2022 Non-Annual Policy Meeting (e.g., an Association’s Secretary). The Form **must** indicate the state (or commonwealth) in which your Association is incorporated (if it is not incorporated, include the state in which you are located) and the type of organization your association is in that state (e.g., non-profit, non-stock, etc.).

Please type the name and complete **email address** of your representative(s). **Please use the email address that each attendee will have access to on the date of the meeting if held virtually.** For example, if you cannot access your work email account on the weekend or after work hours, please use your association email address or personal email address to have access to the meeting. Forms submitted without complete contact information delay the return of credentialing letters to Delegates prior to the Q2 2022 Non-Annual Policy Meeting, which affects that Association’s ability to vote.

If an Association has only one voting representative attending the Q2 2022 Non-Annual Policy Meeting, that individual shall be designated as the Primary Representative. Temporary assignment of a Primary Representative or Secondary Representative for the

purpose of the Q2 2022 Non-Annual Policy Meeting will not change the designation of an Association's existing Primary and Secondary Representative.

In addition to Delegate credentialing, registration for the Q2 2022 Non-Annual Policy Meeting is to be completed through the NFPA® website (www.paralegals.org).
ASSOCIATION DUES MUST BE CURRENT THROUGH APRIL 30, 2022.

Confirmation letters will be returned by email only NO LATER THAN June 1, 2022.

Submit completed forms by email no later than Monday, May 9, 2022, to:

Credentialing.NFPA@gmail.com

with the Subject Line:

[INSERT YOUR ASSOCIATION NAME] Q2 2022 NON-ANNUAL POLICY MEETING.

Please use the email address that each attendee will have access to on the date of the meeting. For example, if the attendee cannot access their work email account on the weekend or after work hours, please provide the association email address or personal email address in order to have access to the meeting. **Forms submitted without complete contact information will delay the return of credentialing letters to Delegates prior to the Q2 2022 Non-Annual Policy Meeting, which affects that Association's ability to vote.**

Credentialing forms submitted after May 9, 2022, will not be accepted.

Please email credentialing.nfpa@gmail.com (Patty Meagher or Deana Stom) or Mianne Besser, Secretary/Director of Leadership Development (secretary@paralegals.org) with any questions. *Please place the following in the subject line when submitting questions:*

[INSERT YOUR ASSOCIATION NAME] Q2 2022 NON-ANNUAL POLICY MEETING -QUESTION.

NFPA[®] STATEMENT OF VOTING CONTROL AND DESIGNATION OF REPRESENTATIVE

NAME OF ASSOCIATION: _____

(hereafter referred to as the "Association").

I, _____, hereby state that:

- I am the duly elected _____ of the Association and that in such I have custody of the records of the Association.
- Voting control of the Association is vested in practicing paralegals, and that the voting membership requirements for the Association do not discriminate against any class of paralegals and are consistent with the Bylaws of the National Federation of Paralegal Associations, Inc. ("NFPA[®]").
- The Association's Bylaws and other governing documents on file with NFPA[®] are true and correct copies of the documents as adopted by the Board of Directors and/or members of the Association (as required by applicable state statutes) and that no other changes have been made to any governing documents; or (ii) the Bylaws and other governing documents attached hereto are the current governing documents of the Association.
- The Association is a _____ Corporation.
- The dues for the Association are current.
- The [members/Board of Directors] of the Association have designated:

Name: _____

Address: _____

Phone _____ Email _____

a voting member in good standing with the Association, Primary Representative to NFPA[®] until further notice to NFPA[®] and that in such capacity, she/he has full authority to act on behalf of the Association in all matters and to cast the Association's vote at any NFPA[®] virtual and/or in-person meeting or in any action without a meeting in accordance with the Bylaws and Rules of Order of NFPA[®]; and

- The [members/Board of Directors] of the Association have designated¹:

Name: _____

Address: _____

Phone _____ Email _____

a voting member in good standing with the Association, Secondary Representative to NFPA[®] until further notice to NFPA[®] and that in such capacity, she/he has full authority, in the absence of the Primary Representative, to act on behalf of the Association in all matters and to cast the Association's vote at any virtual and/or in-person meeting or in any action without a meeting in accordance with the Bylaws and Rules of Order of NFPA[®].

ADDITIONAL ATTENDEES ATTENDING THE VIRTUAL POLICY MEETING

State the **name, position, and address** of any other additional individual(s) who will be virtually attending the Policy Meeting and who have paid or will pay the full registration fee (see Schedule of Fees on the NFPA[®] website). Credentials will likewise be sent to these individuals.

1. Name: _____

Position/Title: _____

Phone _____ Email _____

2. Name: _____

Position/Title: _____

Phone _____ Email _____

3. Name: _____

Position/Title: _____

Phone _____ Email _____

¹ If there is no Secondary, leave this section blank.

4. Name: _____

Position/Title: _____

Phone _____ Email _____

Date: _____

*Signature (electronic signatures are accepted)
Secretary or another Officer who is not
attending the Policy Meeting as a
credentialed delegate*

Print name: _____

TITLE: _____

Association Address: _____

Email: _____ Phone: _____