

AMERICAN LEGION AUXILIARY
Department of New Hampshire

PERSON PICKING UP UNIT PACKET: _____
MUST HAVE A NAME HERE

The following delegates and alternates have been duly elected to represent

_____ Unit No. _____ of _____

A check for \$ _____ is enclosed to cover the cost of the registration fee(s) for

_____ Delegate(s), _____ Delegate(s)-At-Large, _____ Alternate(s) at \$15.00 each.

Have your Unit Levy Taxes and Bonding fees been paid to Department? _____

2023-2024 Membership to date _____ Secretary's tel. # _____

DELEGATES: PLEASE PRINT

_____	_____
_____	_____
_____	_____
_____	_____

DELEGATES-AT-LARGE: PLEASE PRINT

_____	_____
_____	_____
_____	_____
_____	_____

ALTERNATES: PLEASE PRINT

_____	_____
_____	_____
_____	_____
_____	_____

Please return to Department Secretary, American Legion Auxiliary
21 S. Fruit St., Suite 266, Concord NH 03301
Must be received at least 2 weeks prior to
the start of Department Convention – by **May3, 2024.**