

Department Convention Delegate and Alternate Form (1 of 2 pages)

**To: Department Adjutant
21 South Fruit St. Suite 266
Concord NH 03301**

Date: _____

All Voting members of your delegation MUST HAVE THEIR CURRENT MEMBERSHIP CARD WITH THEM TO VOTE.

At a meeting of this Post, held _____, the members named below, are in good standing in this Post and whose current dues has been transmitted to Department Headquarters, were duly elected Delegates and Alternates, respectively, as our representatives to the _____ Department Convention.

Vice Chairman of the Post Delegation is: _____

Card no. _____

Location: _____ Post Name: _____ Post No. _____

(Signature of Post Commander or Adjutant)

******* ONLY CHAIRMAN OR VICE CHAIRMAN CAN SIGN FOR PACKETS *******

Delegate, alternate and delegate-at-large fee of \$10.00 each to be paid to Department Headquarters prior to the convention, (alternates optional)

Payable by May 1 to: **The American Legion Department of New Hampshire**

NOTE: For Committee preference, use the following numbers.

- | | | | | |
|----------------|---------------------|---------------------|---------------------|--------------------|
| 1. Rules | 3. Internal Affairs | 5. Resolutions | 7. Veterans Affairs | 9. Uniformed Group |
| 2. Credentials | 4. Trophy & Awards | 6. Const. & By-Laws | 8. Children & Youth | |

<u>Committee</u>	<u>Delegate Name & Card #</u>	<u>Alternate Name & Card #</u>
_____	1. _____	1. _____
_____	2. _____	2. _____
_____	3. _____	3. _____
_____	4. _____	4. _____
_____	5. _____	5. _____

Department Convention Delegate and Alternate Form (2 of 2 pages)

_____	6. _____	6. _____
_____	7. _____	7. _____
_____	8. _____	8. _____
_____	9. _____	9. _____
_____	10. _____	10. _____
_____	11. _____	11. _____
_____	12. _____	12. _____
_____	13. _____	13. _____
_____	14. _____	14. _____

Delegates-at-Large Name & Card # (See Sec. 2 of Art. 5 Department Constitution)

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

FOR DEPARTMENT USE ONLY:

Post _____ membership _____ Date registration fees paid _____

Registration fees paid \$ _____

Number of delegates _____

I received # _____ delegate packets

(Post Delegation Chairman - Print and signature)

THIS FORM MUST BE RECEIVED AT DEPARTMENT HEADQUARTERS NO LATER THAN _____, so
your delegates may be given Convention Committee assignment.

KEEP A COPY FOR YOUR RECORDS

Any Delegates NOT signed up by _____ will not be allowed to vote at Convention