

# Department Convention Delegate Changes

PLEASE PRINT

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TO: **Department Adjutant**

FROM: **Post Commander or Post Adjutant or Delegate Chairmen**

NAME: \_\_\_\_\_

PLEASE ALLOW ALTERNATE DELEGATE

(Name) \_\_\_\_\_

Membership ID # \_\_\_\_\_

AS A SUBSTITUTE FOR DELEGATE

(Name) \_\_\_\_\_

Membership ID # \_\_\_\_\_

As the duly authorized representative from Post # \_\_\_\_\_

\_\_\_\_\_  
(signature)

Received by Department Adjutant (time & date) \_\_\_\_\_

\_\_\_\_\_  
(signature)

**There will be NO CHANGES after the Forms go to the CREDENTIALS COMMITTEE!**

**\*\* PLEASE BRING THIS FORM TO CONVENTION**

**THE AMERICAN LEGION - Department of New Hampshire**

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