

AMERICAN LEGION AUXILIARY

PO Box 2760

Zanesville, Ohio 43702-2760

DISTRICT # _____ UNIT # _____ UNIT NAME _____

2014 DEPARTMENT AND DISTRICT CONVENTION ALTERNATE CERTIFICATION FORM

Delegates and Alternates are elected by each Unit to represent the Unit at Department and District Conventions. **Please complete this form and return one copy to Department Headquarters by June 2nd (see address above) and one copy to your District President at least one week prior to District Convention.** Keep a copy for your records. **Do not** include Delegates-At-Large on this list. Please type or print.

MEMBER ID #	ALTERNATE NAME	ADDRESS	CITY	ST	ZIP	PHONE #
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	_____

I, _____, Unit President, certify that the above members are in good standing and are duly elected as Alternates to the 2014 American Legion Auxiliary, Department of Ohio, Department and District Conventions.