

(gray)

AMERICAN LEGION AUXILIARY
Department of Ohio, Inc.

2014 DEPARTMENT CONVENTION DELEGATE AND ALTERNATE PRE-PAID REGISTRATION FORM

Please complete form and return to Department Headquarters by June 2, 2014 with payment of \$7.00 per Delegate and Alternate.

DO NOT LIST DELEGATES-AT-LARGE ON THIS FORM.

The Delegate and Alternate Certification Forms must also be completed and returned to Department Headquarters.

List Delegates Below

Please be sure name is spelled correctly and you use the correct Member ID#

ID# NAME

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____

List Alternates Below

Please be sure name is spelled correctly and you use the correct Member ID#

ID# NAME

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____

I, _____, Unit President, verify the above are members in good standing and were duly elected as Delegates and Alternates to the 2014 American Legion Auxiliary Department Convention.

Date _____ Check # _____ Amount Paid _____ Unit # _____ District # _____