



**AMERICAN LEGION AUXILIARY  
Department of Ohio, Inc.**

**2017 DISTRICT CONVENTION  
ALTERNATE TO DELEGATE CERTIFICATION**

**If your Unit is replacing a Delegate with a previously registered Alternate, the Alternate is to bring this completed form and her 2017 Membership Card to the Registration Table at District Convention. Only the Unit President or District President may certify.**

I, \_\_\_\_\_  
(President's Name) (Title)

certify that

\_\_\_\_\_  
(Alternate Name) (Membership ID #)

is replacing

\_\_\_\_\_  
(Delegate Name) (Membership ID #)

as Delegate to the 2017 American Legion Auxiliary District Convention.

\_\_\_\_\_, \_\_\_\_\_  
(President's Signature) (Date)

UNIT # \_\_\_\_\_ DISTRICT # \_\_\_\_\_