



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

**2017 DEPARTMENT CONVENTION
ALTERNATE TO DELEGATE CERTIFICATION**

If your Unit is replacing a Delegate with a previously registered Alternate, please complete this form and return to Department Headquarters by June 1, 2017. After that date, the Alternate is to bring this completed form and her 2017 Membership Card to the Registration Table at Department Convention. Only the Unit President, District President, or Department Officer may certify.

I, _____
(Officer Name) (Title)

certify that

(Alternate Name) (Membership ID #)

is replacing

(Delegate Name) (Membership ID #)

as Delegate to the 2017 American Legion Auxiliary Department of Ohio Convention.

_____, _____
(Officer Signature) (Date)

UNIT # _____ DISTRICT # _____