CERTIFICATION OF POST DELEGATES – ALTERNATES

DISTRICT: _____ **POST: _____**

☐ Check this box if your Post is not sending any Delegates to Convention

DELEGATE LAST NAME	DELEGATE FIRST NAME	MEMBERSHIP ID #	*DELEGATE EMAIL

ALTERNATE LAST NAME	ALTERNATE FIRST NAME	MEMBERSHIP ID #	*ALTERNATE EMAIL

_____ _____

2020–2021 Post Commander Signature / Member ID **2020–2021 Post Adjutant Signature / Member ID**

_____

***A valid contact Email Required to confirm receipt by Department.**

FOR DEPARTMENT USE ONLY

DISTRICT:		ALLOWED DELEGATES:		POST:	