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

_____ _____

2025–2026 Post Commander Signature / Member ID

2025–2026 Post Adjutant Signature / Member ID

_____

***Please provide a valid contact Email Required to confirm receipt by Department.**

FOR DEPARTMENT USE ONLY

DISTRICT:		ALLOWED DELEGATES:		POST:	