

CERTIFICATION OF POST DELEGATES – ALTERNATES

DISTRICT: _____

POST: _____

<u>DELEGATE'S LAST NAME</u>	<u>DELEGATE'S FIRST NAME</u>	<u>MEMBERSHIP ID #</u>

<u>ALTERNATE'S LAST NAME</u>	<u>ALTERNATES'S FIRST NAME</u>	<u>MEMBERSHIP ID #</u>

2018–2019 Post Commander Signature / Member ID

2018–2019 Post Adjutant Signature / Member ID

FOR DEPARTMENT USE ONLY

DISTRICT:		ALLOWED DELEGATES:		POST:	
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