



Squadron Name _____ Number _____ District _____

City _____

This is to **certify** that our Squadron had _____ Paid 2017-2018 members reported to Department Headquarters by delegate cut-off, **June 21, 2018** and that this Squadron, In regular session assembled on _____, 2018; selected the following Delegates and Alternates, each of them members in good standing of this Squadron:

DELEGATES

ALTERNATES

- | | |
|--------------------------|-----------|
| 1. <u>Chairman</u> _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |
| 7. _____ | 7. _____ |
| 8. _____ | 8. _____ |
| 9. _____ | 9. _____ |
| 10. _____ | 10. _____ |
| 11. _____ | 11. _____ |
| 12. _____ | 12. _____ |

DETACHMENT OFFICER(s) _____

PAST DETACHMENT COMMANDER(s) _____

SIGNED: _____

Chairman of Squadron Delegation

Make checks payable to: **The American Legion, Department of Florida**. Cost is \$5.00 per Delegate, including Detachment Officers and/or Past Detachment Commanders, if Squadron extends courtesy registration to them. Remit \$5.00 for each Alternate PRESENT.

**DO NOT MAIL THIS FORM! BRING IT WITH YOU TO
CONVENTION REGISTRATION**