



Squadron Name _____ Number _____ District _____
City _____

This is to **certify** that our Squadron had _____ Paid 2020-2021 members reported to Department Headquarters by delegate cut-off, **JUNE 10, 2022** and that this Squadron, in regular session assembled on _____; elected 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**

This form must be filled out in triplicate

COD (04/2021)