



Squadron # \_\_\_\_\_ Squadron Name \_\_\_\_\_ District \_\_\_\_\_

City \_\_\_\_\_

This is to certify that our Squadron had \_\_\_\_\_ Paid 2022-2023 members reported to Department Headquarters by delegate cut-off, **JUNE 1, 2023** 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. CHAIRMAN \_\_\_\_\_

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) \_\_\_\_\_ Total Due: \_\_\_\_\_

Squadron Delegation Chairman Signature \_\_\_\_\_

**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**