



Squadron # _____ Squadron Name _____ District _____

City _____

This is to certify that our Squadron had _____ Paid 2024-2025 members reported to Department Headquarters by delegate cut-off, **JUNE 1, 2024** 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**