



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

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, 2025** 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. _____ |

Detachment Officer(s) _____ Names _____

Names _____

Past Detachment Commander(s) _____ Names _____

Names _____

Squadron Delegation Chairman Signature _____

TOTAL DELEGATES REGISTERED: _____

Total Fees Due (\$5 per delegate): \$ _____

**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.**