SONS OF THE AMERICAN LEGION
DETACHMENT OF FLORIDA

CERTIFICATION OF CONVENTION DELEGATES AND ALTERNATES

Squadron # _____ Squadron Name _____ District _____

City _____

This is to certify that our Squadron had _____ Paid 2023-2024 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

This form must be filled out in triplicate