

THE AMERICAN LEGION DEPARTMENT OF SOUTH CAROLINA P.O. BOX 3309 IRMO, SC 29063 (803) 612-1171x 35



Please complete and return to Department Headquarters with fee for entire delegation strength by May 1, 2019 or NTL than May 15, 2019. Form may be copied if needed.

****************** **Certification of Delegates and Alternates** To the One Hundred and First Annual Department Convention of The American Legion Department of South Carolina, Columbia, South Carolina – May 31st through June 2, 2019 # of Delegates _____ Membership as of May 1, 2019 Post # THIS IS TO CERTIFY that our Post has selected the following Delegates, all being members of The American Legion Department of South Carolina in good standing, to represent this Post at the One Hundredth & First Annual Department Convention of The American Legion Department of South Carolina, Columbia, South Carolina May 31st to June 2, 2019. If the member prefers their badge be prepared with their nickname-please put their nickname in parentheses next to their name. Please be sure names are spelled correctly. ***ATTEST: **Delegation Secretary or Post Adjutant/DATE Delegation Chairman or Post Commander/DATE** ***MUST be signed by the Delegation Chairman And/Or Delegation Secretary to be certified **Delegates (name and nicknames)** Member ID# Delegation Chairman **Delegation Secretary**

2019 Department Convention – Certification of Alternates & Delegates - Side 7	2019	Department Conve	ention – Certificati	on of Alternates &	& Delegates	- Side	e Tw
---	------	------------------	----------------------	--------------------	-------------	--------	------

Alternates	Member ID #

This Form may be duplicated as necessary for the number of delegate and alternates you wish to register.