PLEASE TYPE OR WRITE LEGIBLY AND INCLUDE ALL REQUESTED INFORMATION. (ADDRESS, POST, ETC.)

**NEW** 

## **NATIONAL DELEGATE & ALTERNATE REPORT**

NO CARBON REQUIRED WHITE COPY TO DEPT. HDQTRS. YELLOW COPY TO DEL. CHRM.

## THE AMERICAN LEGION, DEPARTMENT OF ILLINOIS

To the Ninety-eighth Annual National Convention of The American Legion Cincinnati, OH Aug. 26—Sept. 1, 2016

**District** 

NEW <u>DISTRICT COMMANDER</u>		District No.	NEW <u>DISTRICT SENIOR VICE COMMANDER</u>	
NAME			NAME	
STREET			STREET	
CITY			CITY	
THIS IS TO CERTIFY that American Legion in good stand Legion in Cincinnati, OH on A	ding, to represent thi	is District at the Ninety-eig	Delegates and Alternates all being methods Annual National Convention of 20 of the Department Constitution and	The American
		<b>Delegates</b>		
Name	(	City, Street, Zip	Member of Post (Name)	Post No.
(first person named is Chairman of Delegation)		Alternates		
		7 Mitti Hatts		