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

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

NATIONAL DELEGATE & ALTERNATE REPORT

THE AMERICAN LEGION, DEPARTMENT OF ILLINOIS

*To the **105th** Annual National Convention of The American Legion **New Orleans, LA Aug 23 - 29, 2024***

NEW DISTRICT COMMANDER

NAME

STREET

CITY

District No.

NEW DISTRICT SENIOR VICE COMMANDER

NAME

STREET

CITY

THIS IS TO CERTIFY that _____ District has selected the following Delegates and Alternates all being members of The American Legion in good standing, to represent this District at the **105th** Annual National Convention of The American Legion in ***New Orleans, LA*** on ***Aug 23 - 29, 2024*** in accordance with Rule 20 of the Department Constitution and By-laws.

Delegates			
Name	City, Street, Zip	Member of Post (Name)	Post No.
(first person named is Chairman of Delegation)			
Alternates			

RETURN TO DEPARTMENT HEADQUARTERS BY JUNE 21, 2024

Signature (Outgoing Commander)