

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

NATIONAL DELEGATE & ALTERNATE REPORT

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

THE AMERICAN LEGION, DEPARTMENT OF ILLINOIS
To the Annual National Convention of The American Legion

**NEW
DISTRICT COMMANDER**

**District
No.**

**NEW
DISTRICT SENIOR VICE COMMANDER**

NAME

STREET

CITY

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 Annual National Convention of The American Legion 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
IMMEDIATELY FOLLOWING CLOSE OF BOOKS**

Signature (Outgoing Commander)