

THE AMERICAN LEGION DNY - ALTERNATES

I hereby certify that the following are duly elected ALTERNATES to the DEPARTMENT CONVENTION from _____ County:

(Please print or type in alphabetical order.)

	<u>NAME OF ALTERNATE</u>	<u>ADDRESS</u>	<u>POST NAME & NUMBER</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____

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NOTE: A \$10.00 REGISTRATION FEE MUST BE PAID FOR EACH NAME ON THIS LIST.

Certified by County Adjutant: _____ Phone: _____

Contact EMAIL: _____