

THE AMERICAN LEGION DEPARTMENT OF NEW YORK

I hereby certify that the following are duly elected ALTERNATES to the DEPARTMENT CONVENTION

from \_\_\_\_\_ County: **(Please print or type in alphabetical order.)**

NAME OF ALTERNATE

ADDRESS

POST NAME & NUMBER

|    |       |       |       |
|----|-------|-------|-------|
| 1  | _____ | _____ | _____ |
| 2  | _____ | _____ | _____ |
| 3  | _____ | _____ | _____ |
| 4  | _____ | _____ | _____ |
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| 24 | _____ | _____ | _____ |
| 25 | _____ | _____ | _____ |

**NOTE: A \$20.00 REGISTRATION FEE MUST BE PAID FOR EACH NAME ON THIS LIST.**

Certified by County Adjutant: \_\_\_\_\_ Phone: \_\_\_\_\_