

THE AMERICAN LEGION DEPARTMENT OF NEW YORK

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

NOTE: A \$20.00 Registration Fee MUST be paid for EACH name on this list.

PLEASE PRINT LEGIBLY OR TYPE IN ALPHABETICAL ORDER BY LAST NAME

NAME

POST NAME AND NUMBER

1. _____
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Certified by County Adjutant: _____ Phone: _____