

THE AMERICAN LEGION DEPARTMENT OF NEW YORK

I hereby certify that the following are duly elected **DELEGATES** 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. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

Certified by County Adjutant: _____ Phone: _____