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| **National Convention DELEGATES** | | | | | | |
| **District #** | **Member ID** | **Post Number** | **First Name or Nickname** | **Last Name** | **Email Address** | **Cell Phone** |
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|  |  |  |  |  |  |  |
| **Due at Headquarters by July 15th** | | |  |  |  |  |
| **email: kclairmont@nylegion.org or kdelap@nylegion.org** | | | |  |  |  |
| **TAL-DNY** | |  |  |  |  |  |
| **1304 Park Blvd  Troy NY 12180** | |  |  |  |  |  |

**I hereby certify that the foregoing are the duly elected DELEGATES to the National Convention from the   
\_\_\_\_\_\_\_\_\_District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District Commander**