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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**