



**SONS OF THE AMERICAN LEGION
DETACHMENT OF FLORIDA
Certification of Delegates and Alternates**

Squadron Name _____ Number _____ District _____

City _____

This is to **certify** that our Squadron had _____ Paid 2011-2012 members reported to Department Headquarters by delegate cut-off, **May 23, 2012** and that this Squadron, In regular session assembled on _____, 2012; elected the following Delegates and Alternates, each of them members in good standing of this Squadron:

DELEGATES

ALTERNATES

- 1. _____ Chairman _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

DETACHMENT OFFICER(s)

PAST DETACHMENT COMMANDER(s)

SIGNED: _____
Chairman of Squadron Delegation

Make checks payable to: **The American Legion, Department of Florida**. Cost is \$5.00 per Delegate, including Detachment Officers and/or Past Detachment Commanders, if Squadron extends courtesy registration to them. Remit \$5.00 for each Alternate PRESENT.

**DO NOT MAIL THIS FORM! BRING IT WITH YOU TO
CONVENTION REGISTRATION**