NOT ACCEPTED BEFORE APRIL 1, NOR AFTER MAY 31
of the Current Calendar Year

NATIONAL CONVENTION
OFFICIAL DELEGATES AND ALTERNATES

~~DO NOT SEND THIS FORM IN IF NAMES HAVE BEEN INPUT ONLINE~~

TO: **National Secretary**
VFW Auxiliary
406 West 34th Street, 10th Floor
Kansas City, Missouri 64111

FROM: AUXILIARY NO. _____   DEPARTMENT OF _____

AUXILIARY NAME _____

CITY AND STATE _____

Per Section 304 of the National Bylaws, "Delegates and Alternates to the National Convention shall be elected <u>at the last regular meeting in April</u>; one for each thirty-five (35) members or fraction thereof in good standing on March 31. The VFW Auxiliary Secretary shall provide the names of the Delegates and Alternates to the National Secretary, along with their membership ID number, within thirty (30) calendar days of the day of election" and no later than <u>MAY 31</u>. The Auxiliary Secretary is asked to input his or her Auxiliary's Delegate(s) and Alternate(s) online in MALTA via use of their respective membership ID number(s) <u>and</u> to print out a copy of the Delegate(s) and Alternate(s) for his or her records.

This is to certify that the Delegate(s) and Alternate(s) listed below were duly elected to represent our VFW Auxiliary at the upcoming National Convention on _____ based on the total VFW Auxiliary membership as of MARCH 31 in the MALTA System.

ID Number and Name ARE REQUIRED to complete this form.
TYPE or PRINT NEATLY each Delegate's or Alternate's ID NUMBER **and** NAME.

~DELEGATE CREDENTIALS WILL BE ISSUED AT CONVENTION SITE UPON CHECK-IN.~

DELEGATES		ALTERNATES	
ID NUMBER	**MEMBER'S FIRST AND LAST NAME**	**ID NUMBER**	**MEMBER'S FIRST AND LAST NAME**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____   _____   _____
(Auxiliary Secretary)   (Address)   (City, State & Zip Code)

<u>NOTE</u>: This is a listing only. (NO CHECKS ARE TO BE INCLUDED WITH THIS FORM.)