

VFW State Convention Delegate and Alternate Form

Post #: _____ City: _____

One (1) Delegate and One (1) Alternate for each thirty (30) Members or Fraction Thereof. Delegate Fees: **\$5.00 per Delegate, Plus \$5.00 for Post Commander.**

Make checks payable to: VFW, Department of Louisiana. Mail form to: VFW, Department of Louisiana, 10185 Mammoth Avenue, Baton Rouge, LA 70814.

Deadline Date is June 1st. Please only send a list of names of those Delegates and Alternates that will be attending the Convention. Use a Separate page if more space is needed.

Delegates - Please Print

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____

Alternates - Please Print

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____

Signed - CDR.: _____ Adj: _____

Post must pay for **all Delegates** that are entitled to vote or it **loses all votes**. If the Post is entitled to 10 + 1 votes and yet only pays for 3, it then losses all votes. The Post must pay for all 10 votes which would be \$50.00 rather than 3 x \$5.00 = \$15.00.

For Dept. Use Only:

Department Received: _____ Check #: _____ Amount: _____