

VETERANS OF FROREIGN WARS OF THE UNITED STATES
POST DELEGATE ROSTER AND CERTIFICATION

POST NAME: _____ POST NUMBER: _____
ADDRESS: _____

This is to certify that the following Comrades have been elected to the office indicated and as such may represent this Post in order of precedence, as a member of the District Convention.

Delegate Fee: \$0.00 Based on _____ Delegates ~~Plus~~ Commander

Commander: _____

Sr. Vice Commander: _____

Jr. Vice Commander _____

This is to certify that the Comrade listed below have been duly elected as Post Delegates to the District Convention. Comrades listed in excess of the authorized Delegate strength of the Post (one delegate per 30 members) are considered alternates.

Delegates	
Name	Members #
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

Alternates	
Name	Members #
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	

In witness whereof we hereunto affix
our signature and seal of our Post.

Commander or designated person: _____

Adjutant/Quartermaster: _____