

**VETERANS OF FOREIGN WARS OF THE UNITED STATES
POST DELGATE ROSTER AND CERTIFICATION**

POST NAME: _____

POST #: _____

ADDRESS: _____

DEPT/DISTRICT: _____

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 Post Commander

Commander: _____

Sr. Vice Commander: _____

Jr. Vice Commander: _____

This is to certify that the Comrades 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.

	NAME	Member #
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	NAME	Member #
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In witness whereof we hereunto affix Our signature and the seal of our Post

(POST SEAL)

COMMANDER: _____

ADJUTANT: _____