



# Disabled American Veterans Department of Louisiana

## CONVENTION DELEGATE FORM

KEEPING OUR PROMISE TO  
**AMERICA'S VETERANS**

This is to certify that the following delegates and alternates were elected to represent the DAV Chapter listed below at the Department Convention at a meeting held by

\_\_\_\_\_ (Name of Chapter)

City of \_\_\_\_\_, State of Louisiana

On \_\_\_\_\_ (Date)

DEC MEMBER NAME	MEMBER NUMBER

ALT. DEC NAME	MEMBER NUMBER

### DELEGATES (Name/Member Number)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

### ALTERNATES (Name/Member Number)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

SIGNED \_\_\_\_\_  
(Chapter Commander)

SIGNED \_\_\_\_\_  
(Chapter Adjutant)

**Note: This form must be filled out, signed by proper officials, and returned to Dept. HQ by deadline.**