



Disabled American Veterans
Department of Louisiana

CONVENTION DELEGATE FORM

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.