

ORIGINAL
(To SAL District Commander)

DUPLICATE (Retained by
Post Delegation Chairman)

THE AMERICAN LEGION
DEPARTMENT OF TEXAS
CERTIFICATION OF DELEGATES

to the _____ District SAL Convention

Name of Squadron

No.

Name of Town

We hereby certify that the following members of this Post were named delegates to the _____ DISTRICT SAL CONVENTION of The American Legion, Detachment of Texas. (Delegates and Alternates must have a 2018 card in your Post.)

DELEGATES

ALTERNATES

NAME 2018 CARD NO.

NAME 2018 CARD NO.

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

(Additional Delegates may be listed and attached to this form.)

Chairman of Squadron Delegation

Squadron Commander

Squadron Adjutant

"...each Post shall be entitled to two (2) delegates for the first ten (10) members. Each Post shall be entitled to one (1) additional delegate for each ten (10) members or major fraction thereof, in excess of ten (10). Posts with less than ten (10) members shall be entitled to only one (1) delegate"

MAKE THIS REPORT IN DUPLICATE immediately after delegates and alternates are determined. Mail ORIGINAL form to your **DISTRICT SAL COMMANDER**. The DUPLICATE form is to be retained by the Chairman of the Squadron Delegation and delivered in person to your District SAL Commander or Credentials Committee upon arrival at the District SAL Convention.