

# DISABLED AMERICAN VETERANS - DEPARTMENT OF INDIANA

## DEPARTMENT CONVENTION DELEGATES

For the convention year \_\_\_\_\_

- Each chapter shall be entitled to one delegate and one alternate for each 15 members or fraction.
- All delegates and alternates will be elected by their chapters at least 20 days prior to the Department Annual Convention.
- The chapter delegation will be certified, using this form, by the Chapter Commander or Adjutant and reported to the Department Headquarters.
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**This is to certify that the following delegates and alternates were elected to represent our chapter at the Department Convention.**

Chapter Name and Number \_\_\_\_\_

Date of Election \_\_\_\_\_

	<u>Delegates:</u>	Member ID	<u>Alternates:</u>	Member ID
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

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Name of Chapter Commander or Adjutant

Signature

Date

*Hotel room reservations are the responsibility of the Chapter or individual.*

**Return to Department Headquarters:**

DAV Department of Indiana  
PO Box 508  
Greenwood, IN 46142

Use additional sheets as needed