

National Convention Department Delegate Form

Atlantic City, New Jersey ■ Aug. 5-8, 2023

Date of election _____

This is to certify that the following named delegate and alternate were elected to represent the following department at the National Convention.

Department of _____

Each state department shall be entitled to one delegate and one alternate for its charter.

No person shall be entitled to vote or act as a delegate or alternate at the convention unless he or she is a DAV member in good standing and is listed on this form.

The name and membership number of your delegate and alternate **MUST** appear on this form in order to register at the National Convention.

► **Delegate Name** _____

Membership No. _____

► **Alternate Name** _____

Membership No. _____

Signature of State Department Commander

X _____

Signature of State Department Adjutant

X _____

Both Signatures Required

This form should be completed, signed and returned **no later than July 1, 2023**, to Membership Department, P.O. Box 145550, Cincinnati, OH 45250-5550 or email membershipassistant@dav.org.



National Headquarters
P.O. Box 145550
Cincinnati, OH 45250-5550