

DAV DEPARTMENT OF MICHIGAN
DELEGATE CERTIFICATION FORM
2024 STATE CONVENTION

INSTRUCTIONS

Chapters are entitled to delegates at the State Convention, as outlined in Bylaws Article 8, Section 8.2 (shown below):

8.2 Delegates

8.2(a) Each Chapter shall be entitled to one delegate and one alternate for its charter and one delegate and one alternate for each twenty-five (25) members or major fraction thereof on whom a per capita tax has been received by Department headquarters at least ten (10) days prior to the State Convention.

8.2(b) All Chapter delegates and alternates shall be chosen by their respective Chapters at least twenty (20) days prior to the State Convention and certified to the State Adjutant prior to the opening of the State Convention on forms provided by Department Headquarters

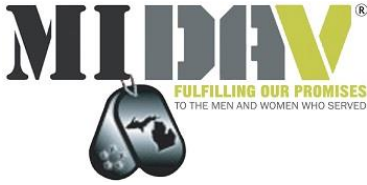
- Please clearly print the Delegates' names and membership codes
- Completed form is due by May 13, 2024
Mail to: DAV Department of Michigan
16925 Masonic
PO Box 26031
Fraser, MI 48026

Or

Via email to: MIDAVHQ@davmichigan.com

FOR THE FORM TO BE VALID - PLEASE ENSURE THE DELEGATES NAMES AND MEMBERSHIP NUMBERS ARE LISTED AND THE FORM IS SIGNED

- If you have any questions, please call the Department at 586-415-8610 or email the Department at midavhq@davmichigan.com.



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2024 STATE CONVENTION

COMPLETE AND RETURN NO LATER THAN MAY 13, 2024

CHAPTER NUMBER: _____ CHAPTER NAME: _____

This is to certify that the following individuals have been duly elected as your Chapter Delegates for the annual state convention being held **June 5 and 6, 2024** in Mt. Pleasant, Michigan.

CERTIFICATION OF 2024 CHAPTER DELEGATES AND DELEGATE ALTERNATES

According to Department records, the individuals whose names are printed below will serve as your Chapter Delegates for the 2024 Annual State Convention representing your chapter. A chapter's delegation will not be seated if the chapter is not in good standing or if the chapter is under suspension at the time of the convention.

DELEGATE CERTIFICATION (Names and Membership codes are required)

[Use additional page(s) if needed])

DELEGATE NAME	DELEGATE MEMBERSHIP CODE

I/we certify that all representatives of our chapter listed on this form are members in good standing and are authorized to vote on the chapter's behalf at the annual Department of Michigan Convention.

SIGNATURE: Chapter Commander or Adjutant

Print Name and Title

Please send completed form by May 13, 2024:

DAV Department Headquarters
16925 Masonic, PO Box 26031, Fraser, MI 48026

or

Via email to: midavhq@davmichigan.com