

NOT ACCEPTED BEFORE APRIL 1, 2022 OR AFTER MAY 31, 2022

109th NATIONAL VFW CONVENTION JULY 16 – 21, 2022 – KANSAS CITY, MO
OFFICIAL DELEGATES AND ALTERNATES

TO: National Secretary, VFW Auxiliary
406 West 34th Street – 10th Floor – Kansas City, MO 64111

FROM: VFW AUXILIARY NO. _____ Department of NEW YORK

VFW AUXILIARY NAME _____

CITY AND STATE _____

****DO NOT SEND THIS FORM IF NAMES HAVE BEEN INPUT THROUGH MALTA****

Bylaws Section 305—DELEGATES AND ALTERNATES TO THE NATIONAL CONVENTION

shall be elected at the last regular meeting in April; One (1) Delegate and one (1) Alternate for each fifty (50) members or fraction thereof in good standing on MARCH 31, 2022. The VFW Auxiliary Secretary shall input the names of the Delegates and Alternates, including their membership ID Numbers, within five (5) days of the date of the election and NO LATER THAN May 31, through his/her member login on the National website: www.vfwauxiliary.org

If not input online, Auxiliary Secretary may USPS, email, or Fax Delegate/Alternate information to:

National VFW Auxiliary Secretary-Treasurer – 406 West 34th Street – 10th Floor – Kansas City, MO 64111

OR USPS or Email Delegate/Alternate information to:

Department Secretary Debbie Cenni, 36 Parkside Street, Mayville, NY 14757

This is to certify that the Delegates and Alternates listed below were duly elected at a regular meeting held on _____ with the total VFW Auxiliary membership on **MARCH 31, 2022** of (indicate date of election)

_____ to represent our VFW Auxiliary at the 108th National Convention. (indicate no. of members in good standing as of March 31, 2022)

DELEGATE CREDENTIALS WILL BE ISSUED UPON CHECK-IN AT CONVENTION SITE.

One Delegate and Alternate for each 50 members or portion thereof on MARCH 31, 2022.

Delegate or Alternate ID NUMBER and NAME ARE REQUIRED to complete this form.

DELEGATES

ID NUMBER	MEMBER'S NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ALTERNATES

ID NUMBER	MEMBER'S NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Auxiliary Secretary)

(Telephone – include area code)

(Street Address)

(Email address)

(City, State, and Zip Code)

NOTE: This is a listing only. (NO CHECKS ARE TO BE INCLUDED WITH THIS FORM!)