

VFW AUXILIARY, DEPARTMENT OF CALIFORNIA
2020 DISTRICT CONVENTION DELEGATES

Complete and return **ONE (1)** copy to District Secretary no later than **30 Days in advance of the District Convention.**

Auxiliary Name _____ # _____ District _____

Location (city) _____

Date of Election _____ **2020 Membership to date** _____

(This figure is the basis for your Delegate strength)

AUXILIARY PRESIDENT 2019/20 _____

Complete the following *only* if the person is a member of your Auxiliary

District President _____

Department Officers, (Name & Title) _____

Past District / Dept. / Natl. President _____ National Council Member Area G _____ **

Please indicate with a check mark those who will be attending Convention **

Name of Delegate	Name of Alternate
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____

The following information is needed to assist the Department Credential Chairman at Convention

Sr. Vice President (2019/20) _____

Jr. Vice President (2019/20) _____

SIGNED _____ AUXILIARY PRESIDENT 2019/20

ADDRESS _____ PHONE _____

Information for Future Meetings:

President (2020/2021) _____

Sr. Vice President (2020/2021) _____

Jr. Vice President (2020/2021) _____

