



Please complete and return to American Legion Department Headquarters with fee for entire delegation strength no later than May 2, 2018.

The American Legion Department of South Carolina, P.O. Box 3309, Irmo, SC 29063

Certification of Delegates and Alternates

THIS IS TO CERTIFY that our Chapter has selected the following Delegates, all being members of The South Carolina American Legion Riders in good standing, to represent this Chapter at the Eighth Annual State Convention of The American Legion Riders State of South Carolina, Columbia, South Carolina June 2, 2018. Please also prepare name badges for those listed below.

Chapter # _____

of Delegates _____

In accordance with the ALRSC By-Laws each ALRSC Chapter will be entitled to 4 delegates total. The Chapter Director shall count as one of the delegates and the other three must be registered in accordance with the ALRSC By-Laws and this Call to Convention. Number of delegates for each Post Chapter will be verified by the State Membership Chairman.

ATTEST:

_____ Chapter Director

(Form must be signed by the Chapter Director to be certified)

Delegates	Member ID #
Chapter Director Delegate	
Delegate	
Delegate	
Delegate	
Guest	
Guest	
Guest	
Guest	
Guest	
Guest	

This Form may be duplicated as necessary for the number of delegate and alternates you wish to register.