Date of election ________________________________

This is to certify that the following named delegates and alternates were elected to represent your chapter at the National Convention.

Chapter No. ______________ State ______________

Each chapter shall be entitled to one delegate and one alternate for its charter and shall elect one delegate and one alternate for each fifty members or major portion thereof who are listed on the membership rolls of the National Headquarters at the close of the membership year ending June 30 immediately preceding the convention; provided, however, that a chapter chartered since that date shall determine its membership, for the foregoing purpose, as of the first day of the month during which the convention convenes. Notwithstanding the foregoing, in the event a chapter is unable to fill all delegate or alternate offices to which it is entitled, or in the event any delegation is entitled to cast more votes than the number of delegates present, then the votes to which it is entitled shall be divided equally among those present.

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.
1. Alternate Name __________________________
   Membership No. __________________________

2. Alternate Name __________________________
   Membership No. __________________________

3. Alternate Name __________________________
   Membership No. __________________________

4. Alternate Name __________________________
   Membership No. __________________________

5. Alternate Name __________________________
   Membership No. __________________________

6. Alternate Name __________________________
   Membership No. __________________________

7. Alternate Name __________________________
   Membership No. __________________________

8. Alternate Name __________________________
   Membership No. __________________________

9. Alternate Name __________________________
   Membership No. __________________________

10. Alternate Name __________________________
    Membership No. __________________________

11. Alternate Name __________________________
    Membership No. __________________________

12. Alternate Name __________________________
    Membership No. __________________________

13. Alternate Name __________________________
    Membership No. __________________________

14. Alternate Name __________________________
    Membership No. __________________________

15. Alternate Name __________________________
    Membership No. __________________________

16. Alternate Name __________________________
    Membership No. __________________________

17. Alternate Name __________________________
    Membership No. __________________________

18. Alternate Name __________________________
    Membership No. __________________________
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.

Signature of Chapter Commander
X________________________________________________________________________

Signature of Chapter Adjutant
X________________________________________________________________________

Both Signatures Required