

# National Convention Department Delegate Form

Las Vegas, Nevada ■ Aug. 9-12, 2025

**Date of election** \_\_\_\_\_

This is to certify that the following named delegate and alternate were elected to represent the following department at the National Convention.

**Department of** \_\_\_\_\_

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Each state department shall be entitled to one delegate and one alternate for its charter.

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.

► **Delegate Name** \_\_\_\_\_

**Membership No.** \_\_\_\_\_

► **Alternate Name** \_\_\_\_\_

**Membership No.** \_\_\_\_\_

Signature of State Department Commander

X \_\_\_\_\_

Signature of State Department Adjutant

X \_\_\_\_\_

**At least one signature required**

This form should be completed, signed and returned **no later than July 1, 2025**, to Membership Department, P.O. Box 145550, Cincinnati, OH 45250-5550 or email [membershipassistant@dav.org](mailto:membershipassistant@dav.org).



National Headquarters  
P.O. Box 145550  
Cincinnati, OH 45250-5550