National Convention Department Delegate Form
Atlantic City, New Jersey  ■  Aug. 5–8, 2023

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 _______________________________________

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 _________________________________

Both Signatures Required

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.

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