

National Convention Chapter Delegate Form

Atlantic City, New Jersey ■ Aug. 5-8, 2023

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.



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

1. Delegate Name _____
Membership No. _____
2. Delegate Name _____
Membership No. _____
3. Delegate Name _____
Membership No. _____
4. Delegate Name _____
Membership No. _____
5. Delegate Name _____
Membership No. _____
6. Delegate Name _____
Membership No. _____
7. Delegate Name _____
Membership No. _____
8. Delegate Name _____
Membership No. _____
9. Delegate Name _____
Membership No. _____
10. Delegate Name _____
Membership No. _____
11. Delegate Name _____
Membership No. _____
12. Delegate Name _____
Membership No. _____
13. Delegate Name _____
Membership No. _____
14. Delegate Name _____
Membership No. _____
15. Delegate Name _____
Membership No. _____
16. Delegate Name _____
Membership No. _____
17. Delegate Name _____
Membership No. _____
18. Delegate Name _____
Membership No. _____

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



KEEPING OUR PROMISE TO
AMERICA'S VETERANS