

COUNTY FORM

County Instructions: After receiving all your **Unit** Delegate and Alternate registration forms, please note as to what Units **will not** be sending the number of delegates allowed for that Unit. This is the number that can be **elected from the County floor**. Note: **Members 2025 membership dues must be paid prior to Unit elections of Delegates/Alternates.**

Once all delegates and alternates are chosen, please remit to the **Department office** all original Unit delegate forms, and the **County delegate form**. **Also, include a check for the registration fee of \$20.00 per person, and send by July 1, 2025 to:**

PRINT CLEARLY ON THIS FORM

American Legion Auxiliary, Department of New York
1580 Columbia Turnpike, Bldg. 1, Suite 3,
Castleton-on-Hudson, New York 12033
Attn: Convention Desk

Please Note: Advance notice (in writing) must be given to this office, attn.: Department Secretary, no later than July 1, 2025 if you are not able to attend convention until Thursday's session in order to be registered.

Listed below is the name and address of the Delegate and Alternate from the **County** who has been regularly elected to represent your County at the Department Convention to be held in:

Syracuse, NY on July 17 & 18, 2025

Name of County: _____

Please type or print clearly.

DELEGATE

ADDRESS

ZIP

1. _____

ALTERNATE

ADDRESS

ZIP

1. _____

I certify that the above is correct according to the action taken by this **County**.

County Secretary (signature)

County President (signature)

Date _____

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