

UNIT FORM

Unit Instructions: After electing your required Delegates and Alternates, please complete this form and send it to your County Treasurer, along with registration fee of **\$20.00 per person**. If your Unit is **not** sending a Delegate to Convention, **THE ENCLOSED FORM MUST STILL BE GIVEN TO YOUR COUNTY** stating how many delegates your Unit is allowed (according to the schedule stated in this Convention Call). **Note: Members 2025 membership dues must be paid prior to Unit elections of Delegates/Alternates.**

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.

PRINT CLEARLY ON THIS FORM

Listed below are the names and addresses of the Delegates and Alternates from the Unit who have been regularly elected to represent the Unit at the Department Convention to be held in:

Syracuse, NY on July 17 & 18, 2025

Unit Name _____ Number _____ County: _____

DELEGATE

ADDRESS

ZIP

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

ALTERNATE

ADDRESS

ZIP

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

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

Unit Secretary (signature)

Unit President (signature)

Date _____