

Auxiliary Unit Name: \_\_\_\_\_ Unit # \_\_\_\_\_

Mail to: Department Paymaster: Laurie Blair  
 16800 Blake Rd, Hagerstown, MD 21740 Phone 301-730-3242

## 2024 Department Convention Delegate Registration Form - MCL Auxiliary

- Delegates and Alternates to the Department Convention shall be determined on the basis of Unit membership strength reported to and on record with National Headquarters as of 31 March preceding the Department Convention. The Delegate voting strength of each Unit shall be as follows: For the first **fifteen (15) Regular members, one (1) Delegate and one (1) Alternate**; for each additional full block of fifteen (15) Regular Members, one (1) Delegate and one (1) Alternate; for a partial number of fifteen (15) members, one (1) Delegate and one (1) Alternate. Only members in good standing are eligible for election as a Delegate or Alternate (based on membership as of March 31). PLEASE PRINT LEGIBLY or TYPE.
- Registration Fees have been set at **twenty dollars (\$20)** per Delegate or Alternate.
- Enclosed is a check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ made payable to **Dept of MD MCL** to cover the registration fees of the Delegates and Alternate to the Department Convention. (Use addition sheets if necessary)

Delegate / Alternate  
(check only one)

Name and Unit Officer Title (if applicable)

INFORMATION PROVIDED WILL BE USED TO PRODUCE CONVENTION ID BADGE

<input type="checkbox"/>	<input type="checkbox"/>	1	
<input type="checkbox"/>	<input type="checkbox"/>	2	
<input type="checkbox"/>	<input type="checkbox"/>	3	
<input type="checkbox"/>	<input type="checkbox"/>	4	
<input type="checkbox"/>	<input type="checkbox"/>	5	
<input type="checkbox"/>	<input type="checkbox"/>	6	
<input type="checkbox"/>	<input type="checkbox"/>	7	
<input type="checkbox"/>	<input type="checkbox"/>	8	
<input type="checkbox"/>	<input type="checkbox"/>	9	
<input type="checkbox"/>	<input type="checkbox"/>	10	
<input type="checkbox"/>	<input type="checkbox"/>	11	
<input type="checkbox"/>	<input type="checkbox"/>	12	
<input type="checkbox"/>	<input type="checkbox"/>	13	
<input type="checkbox"/>	<input type="checkbox"/>	14	
<input type="checkbox"/>	<input type="checkbox"/>	15	

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Unit President

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Unit Secretary

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date



**Form must be mailed and postmarked no later than 19 April 2024**

**Auxiliary –Department of Maryland**

