

Detachment Name _____ Det # _____

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

2025 Department Convention Delegate Registration Form - MCL

- In accordance with the Department Bylaws, Article One, Section 105 (b): Detachment Delegates and Alternates to the Department Convention shall be determined on the basis of said Detachment's membership on record at Department Headquarters as of March 31 immediately preceding the Department Convention. The delegate voting strength of each Detachment shall be as follow: for the **first ten (10) Regular members, one (1) Delegate and one (1) Alternate**; for each additional full block of ten (10) Regular members, one (1) Delegate and one (1) Alternate; for a partial number of ten (10) Regular members, one (1) Delegate and one (1) Alternate. However, no Delegate strength of a Detachment shall be computed by including Associate members or Honorary Members in such Detachment's total membership
- 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 Alternates to the Department Convention.
 (Use addition sheets if necessary)

Delegate/Alternate (check only one)		Name and Officer Title (if applicable)	MODD Yes or No
INFORMATION PROVIDED WILL BE USED TO PRODUCE CONVENTION ID BADGE			
<input type="checkbox"/>	<input type="checkbox"/>	1	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	2	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	3	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	4	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	5	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	6	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	7	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	8	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	9	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	10	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	11	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	12	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	13	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	14	Yes / No
<input type="checkbox"/>	<input type="checkbox"/>	15	Yes / No

Print Name _____ Detachment Commandant

Sign Name _____ Date _____

Print Name _____ Detachment Paymaster

Sign Name _____ Date _____

Form must be mailed & postmarked no later than 18 April 2025

Marine Corps League - Department of Maryland

