

DETACHMENT CONVENTION CREDENTIALS FORM

DEPARTMENT OF ILLINOIS 75th ANNUAL CONVENTION

CONVENTION SITE: Magnuson Grans Hotel

DATES: June 19-23, 2019

LOCATION: Carlinville, IL

DETACHMENT: _____
Name & Number

DETACHMENT COMMANDANT: _____
Signature

DETACHMENT ADJUTANT: _____
Signature

RE: Article 20.21, By-Laws of Department of Illinois, Marine Corps League – Convention Delegates

Each detachment shall be entitled to one (1) delegate and one (1) alternate for each block of ten (10) members, or any fraction of its membership in good standing as of fifteen (15) days prior to the opening date of the convention. Each delegation shall have an appointed chairman of its delegation: such chairman shall be responsible for the order of that delegation, and shall respond for the delegation on a roll call.

Each delegate and each alternate to the convention must have his credentials certified by the convention credentials committee and present a **current paid up membership card** to be approved. No recognition will be given a member by the credentials committee unless listed on this form.

INSTRUCTIONS:

Each Detachment shall complete the credentials form, authenticated by the signatures of the Detachment Commandant and Adjutant. Mail **ONE COPY ONLY** to arrive no later than ten (10) days prior to the opening date of the convention to: SUE GIBBONS 1733 W. GLENN AVE, SPRINGFIELD, ILL. 62704
Phone: (217) 622-8270 Email: sgibb1@uis.edu

REGISTRATION FEE IS \$5.00 PER REGISTRANT, PAYABLE WITH THIS REGISTRATION FORM.
CHECKS MADE OUT ONLY TO DEPARTMENT OF ILLINOIS. The official convention registration badge, furnished to all registrants, shall be worn at all sessions of the convention.

On the following sheet/sheets the name, membership number--NOT LIFE NUMBER- and address must be typed or printed (neatly, please) for clarity to avoid mistakes on the badges. Please make additional pages as needed for the number of delegates your Detachment is authorized.

For assistance, please contact Chairman Sue Gibbons (217) 622-8270 Email: sgibb1@uis.edu

DELEGATE

ALTERNATE

Name: _____

Name: _____

Membership# _____

Membership # _____

Address: _____

Address: _____

City/State/Zip _____

City/State/Zip _____

DELEGATE

ALTERNATE

Name: _____

Name: _____

Membership# _____

Membership # _____

Address: _____

Address: _____

City/State/Zip _____

City/State/Zip _____

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ALTERNATE

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Membership# _____

Membership # _____

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City/State/Zip _____

DELEGATE

ALTERNATE

Name: _____

Name: _____

Membership# _____

Membership # _____

Address: _____

Address: _____

City/State/Zip _____

City/State/Zip _____