

INSTRUCTIONS FOR CREDENTIALS

(Some new procedures: please read before completing credentials)

1. Fill in post name, number and city of post location.
2. List delegates. ID (card) numbers are not required; however, they would be helpful. List 1 delegate for each authorized vote (4 votes, 4 delegates). Only the number of delegates listed will be able to vote. If 4 votes are authorized and 1 delegate is listed, only 1 vote will be allowed for post. Make use of proxy forms if necessary. Ex-officio delegates should be listed and marked as ex-officio.
3. List alternates. ID (card) numbers are not required; however, they would be helpful. Alternates can vote only if a delegate is not present. If 4 delegates are authorized and only 1 is listed, there can be only 1 alternate vote. An alternate cannot stand in for an unlisted delegate. If 4 delegates are authorized and only 1 is listed, then 4 alternates may be listed but only 1 of them may vote at any time. Be sure to list the alternate delegates with as much care as the delegates. Just remember, if there is some unforeseen event preventing a delegate from attending and there is no proxy on hand, then alternates are the only ones left to represent your post.
4. **Fill in the listing for the new officers for the coming year.** This is important because this information will be used to document your post in the roster and include it on the mailing lists. **Do not put same** because Department needs to be sure that the roster listings are as accurate as possible. **If you do not plan to send a delegation to convention, this part needs to be filled out and returned to headquarters anyway.** All information is important so be sure to make the entries as complete as possible. Be sure that the *current* post commander or adjutant signs the certification so that department has a written record that the submitted information is correct to the best of their knowledge.
5. **The Credentials Certificate and correct payment must be sent to Department and must be physically in the office no later than 4:00 p.m. on Tuesday, June 4 2019.**

No faxes or e-mails will be accepted. There will be **no exceptions** because of constitutional requirements.
6. The Credentials Certificate must be accompanied with a payment of \$1.00 for each authorized delegate from your post as determined by post membership recorded by Department as of Tuesday, June 4, 2019. This does not mean that only those attending the convention must pay. **The minimum delegation authorized is four (4); therefore, the minimum payment required is \$4.00.** Ex-officio delegates from your post should be submitted with this copy and registration paid accordingly. **Payment in full may be made by check to: The Louisiana Department of the American Legion.** No partial payments will be accepted. Please make sure your correct payment is included when sealing envelope for mailing. Forward Credentials Certificate and check to:

The Louisiana Department of The American Legion
P. O. Box 3749
Baton Rouge LA 70821
7. The enclosed proxy form may be duplicated as necessary. A proxy may be presented for consideration if a delegate is unable to be present and has properly endorsed it. **Bring proxy to convention – do not mail to Department.**

*****PERSON REPRESENTING POST CREDENTIALS MUST HAVE
CURRENT MEMBERSHIP CARD ON PERSON*****



Tony L. Betts
Dept. Adjutant

CREDENTIALS CERTIFICATE

District _____

**DELEGATES & ALTERNATES
100th ANNUAL CONVENTION OF THE LOUISIANA
DEPARTMENT OF THE AMERICAN LEGION
June 6, 7, 8, & 9, 2019
Alexandria, LA**

Post _____ Number _____ City _____

To the Credentials Committee – 100th Annual Convention - Alexandria, LA:

These presents hereby certify that the above Post has selected the following members, fully paid and otherwise in good standing, as delegates or alternates to represent it at the 100th Annual Convention of The Louisiana Department of The American Legion:

**PERSON REPRESENTING POST MUST HAVE
CURRENT MEMBERSHIP CARD IN HAND.**

TYPE OR PRINT DELEGATES AND ALTERNATES – Pay for Delegates only, not Alternates

Delegates: _____

Alternates: _____

These presents will further certify that all **NEWLY ELECTED POST OFFICERS FOR THE 2019-2020 YEAR** have been elected in accordance with Article IX of the Department Constitution.

NEW COMMANDER ID# _____ NEW ADJUTANT ID# _____

Please furnish name/address/telephone number (including area code) even if officers are the same as last year for the following:

New Commander _____

New Adjutant _____

Post Regular Meeting Date _____ Time _____

Meeting Place _____ Phone Number _____

Email: _____

Signature of certifying officer: Current Post Adjutant or Current Post Commander

Credentials Certificate and payment must be physically in Department Headquarters on or before **4 PM, Tuesday, June 4, 2019.**

(See instructions on back)

The Louisiana Department of The American Legion
P. O. Box 3749
Baton Rouge LA 70821

****Post should make a copy of this form and retain for their files****