Convention 2025 Registration Form

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| MCL Number | Name | First Time | Attending | Alternate |
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Detachment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Detachment # :\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Detachment Commandant), certify that the following members listed on this delegate form are paid members of Detachment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Detachment # \_\_\_\_) and will represent this detachment at the Department Convention 2025.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Detachment Commandant

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Detachment Paymaster), certify that the following members listed on this delegate form are paid members of Detachment \_\_\_\_\_\_\_\_\_\_\_(Detachment #\_\_\_\_\_\_) and will represent this detachment at the Department Convention 2025.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Detachment Paymaster

***Please Register for Convention NLT May 8th***