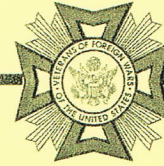


**VETERANS OF FOREIGN WARS
 OF THE UNITED STATES**



DEPARTMENT OF NEW YORK, Inc.

69 SAND CREEK ROAD
 ALBANY, NY 12205

TEL.: (518) 463-7427
 FAX: (518) 426-8904

ARTICLE VII

State Convention Delegate Registration Fee

INVOICE
DUE UPON RECEIPT

Sec. 4.00 Each Post will pay, in advance to the Department of NY a Department Delegate registration fee of ten dollars (\$10) which shall entitle the Post to one identified registered delegate for the Department Convention. Each additional delegate attending the Department Convention will pay a five dollar (\$5) delegate fee.

The numbers of delegates are posted on the Department Web Site in the Membership State area.

Please type or print each member's information below and designate as delegate, alternate or attendee
 (Any change to a delegate's status shall be reported to the State Quartermaster)

Delegate	Membership Number	Member Name	Member Address	E-Mail	Amount
<input type="radio"/> Delegate					\$10.00
<input type="radio"/> Delegate <input type="radio"/> Alternate <input type="radio"/> Attendee	CHOOSE ONLY ONE REGISTRATION TYPE PER LINE				
<input type="radio"/> Delegate <input type="radio"/> Alternate <input type="radio"/> Attendee					
<input type="radio"/> Delegate <input type="radio"/> Alternate <input type="radio"/> Attendee					
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<input type="radio"/> Delegate <input type="radio"/> Alternate <input type="radio"/> Attendee					

Post Delegate Registration Fee \$10.00

Add \$5.00 each additional Delegate/Alternate/Attendee _____

Check # _____ Total Enclosed _____

Signature of Post Adjutant or Quartermaster _____

Post # _____

Mail Completed form check to

Veterans of Foreign Wars, Department of New York
 ATTN: Convention Delegate Registration
 69 Sand Creek Road
 Albany, New York 12205