

**DISTRICT CONVENTION  
DELEGATES AND ALTERNATES**

AUX. #: \_\_\_\_\_ DISTRICT #: \_\_\_\_\_ # MEMBERS: \_\_\_\_\_ DATE OF ELECTION: \_\_\_\_\_

**TO: DISTRICT TREASURER**

**This is to certify that the Delegates and Alternates listed below have been duly elected to represent our Auxiliary at the District Convention**

Auxiliary President	
DELEGATES	ALTERNATES
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**NOTE: If additional space is needed you may either run a copy of this form or put names on an additional (blank) sheet of paper.**

\_\_\_\_\_  
Auxiliary President Signature

\_\_\_\_\_  
Auxiliary Secretary Signature

**Per Department of Florida Bylaws each Auxiliary is entitled to one Delegate and one Alternate for every fifteen (15) members or fraction thereof, as of the date of election of delegates.**

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