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|--|--|--|----------------|------|
| District: | | | Post: | |
| Delegates Authorized: | | | Delegate fees: | 0.00 |
| Commander is +1 to total authorized Delegates. | | | Date: | |

June Convention Delegate list

Please list your delegates by name below, and return this to Department along with the payment. Check or Transactions sheet.

| Delegate | Name of Delegate | Position held |
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Transaction Sheet for credit / debit card payments of delegate fees

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|---------------------------------------|--|
| Name as it appears on the card | |
|---------------------------------------|--|

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|------------------------------|--|
| Card Billing Address: | |
|------------------------------|--|

| | | | |
|---------------------------|--|----------------|--|
| Email for receipt: | | Amount: | |
|---------------------------|--|----------------|--|

| | | | |
|---------------------|--|-------------|------------------|
| Card Number: | | Exp: | Sec Code: |
|---------------------|--|-------------|------------------|

| | |
|--|----------------------|
| Email to: asstadj@vfwwa.net Mail to: Department of Washington VFW 5213 Pacific Hwy E, Fife WA 98424 | Phone Number: |
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|--------------------------------|----------------------|
| Reason for transaction: | Delegate Fees |
|--------------------------------|----------------------|