From: _____
To: Convention Credentials Committee
Subj: Registration of Department Convention Delegates and Alternates
Ref: Department of Tennessee Bylaws, Section 102

Total Members	**Delegates**	**Alternates**

In accordance with Reference (a), the following Members are certified to be in good standing in this Detachment and designated as Delegates or Alternates, as indicated, for the Convention.

DEL	ALT	Name	MCL#	Expiration Date

The fee of $5 per person is attached as payment in the amount of $_____ to cover the Registration Fees of the Delegates and Alternates listed for the 2009 Department of Tennessee Convention.

_____ _____ _____
Detachment Commandant Date Detachment Adjutant/Paymaster
Date

Check payable to: Department of Tennessee, Marine Corps League
Mail to: Paymaster Department of Tennessee, P.O. Box 145, Knoxville, TN 37901