DISTRICT #				DELEGATES	
	y certified that the following Legional Convention at a regularly conv			ELEGATES from the Department of Iowa to	
Me	ember's Name	Post #	Phone Number	Email Address	
1.				_	
2.				_	
3.				_	
4.					
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7.					
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10.				_	
Mail to:	The American Legion of Iowa 720 Lyon Street Des Moines, IA 50309				
			Signed by District Commander or Adjutant		