

# **DETACHMENT CONVENTION CREDENTIALS FORM**

## **DEPARTMENT OF ILLINOIS 79TH ANNUAL CONVENTION**

CONVENTION SITE: Northfield Inn

DATES: June 22-25, 2023

LOCATION: Springfield, Illinois

DETACHMENT: \_\_\_\_\_  
NAME & NUMBER

DETACHMENT COMMANDANT: \_\_\_\_\_  
SIGNATURE

DETACHMENT ADJUTANT: \_\_\_\_\_  
SIGNATURE

RE: Article 20.21, By-Laws of Department of Illinois, Marine Corps League – Convention Delegates

Each detachment shall be entitled to one (1) delegate and one (1) alternate for each block of ten (10) members, or any fraction of it's membership in good standing as of fifteen (15) days prior to the opening date of the convention. Each delegation shall have an appointed chairman of it's delegation: such chairman shall be responsible for the order of that delegation, and shall respond for the delegation on a roll call.

Each delegate and each alternate to the convention must have his or her credentials certified by the convention credentials committee and present a **current paid up membership card** to be approved. No recognition will be given a member by the credentials committee unless listed on this form.

### **INSTRUCTIONS:**

Each Detachment shall complete the credentials form, authenticated by the signatures of the Detachment Commandant and Adjutant. Mail **ONE COPY ONLY** to arrive no later than ten (10) days prior to the opening date of the convention to: **DAN DAVIS 2300 S. 11TH ST., SPRINGFIELD, IL. 62703**  
**PHONE NO. 217 720-9729 Email [mclil5thdistrict@gmail.com](mailto:mclil5thdistrict@gmail.com)**

Registration fee is \$5.00 per registrant, payable with this registration form. Checks made out **ONLY TO DEPARTMENT OF ILLINOIS**. The official registration badge, furnished to all registrants shall be worn to **ALL SESSIONS** of the convention.

On the following sheet, the name and **membership number-NOT LIFE NUMBER-** and address must be typed or printed clearly to avoid mistakes on the badges. Please make additional pages as needed for the number of delegates/alternates your detachment is authorized.

For assistance please contact chairman Dan Davis 217 720-9729 email [mclil5thdistrict@gmail.com](mailto:mclil5thdistrict@gmail.com)

Page \_\_\_\_ of \_\_\_\_

**DELEGATE**

**ALTERNATE**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Membership# \_\_\_\_\_

Membership # \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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**DELEGATE**

**ALTERNATE**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Membership# \_\_\_\_\_

Membership # \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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**DELEGATE**

**ALTERNATE**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Membership# \_\_\_\_\_

Membership # \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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**DELEGATE**

**ALTERNATE**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Membership# \_\_\_\_\_

Membership # \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**DELEGATE**

**ALTERNATE**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Membership# \_\_\_\_\_

Membership # \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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**DELEGATE**

**ALTERNATE**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Membership# \_\_\_\_\_

Membership # \_\_\_\_\_

Address: \_\_\_\_\_

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City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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**DELEGATE**

**ALTERNATE**

Name: \_\_\_\_\_

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Membership# \_\_\_\_\_

Membership # \_\_\_\_\_

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City/State/Zip \_\_\_\_\_

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**DELEGATE**

**ALTERNATE**

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