

# **DETACHMENT CONVENTION CREDENTIALS FORM**

## **DEPARTMENT OF ILLINOIS 81<sup>st</sup> ANNUAL CONVENTION**

CONVENTION SITE: Crystal Lake Holiday Inn and Convention Center

DATES: June 6-7, 2025

LOCATION: Crystal Lake, IL

DETACHMENT: \_\_\_\_\_  
Name and Number

DETACHMENT COMANDANT: \_\_\_\_\_  
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 fifteen (10) members, or any fraction of its membership in good standing as or fifteen (10) days prior to the opening date of the convention. Each delegation shall have an appointed chairman of its 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 credentials certified by the convention credentials committee and present a current paid up membership card to be approved. No recognition will be given to a member by the credentials committee unless listed on this roll call.

### **INSTRUCTIONS:**

1. Each Detachment shall complete this credentials form **authenticated by the signatures of the Detachment Commandant and Adjutant** and email no later than 10 days prior to the Opening date of the convention.
2. Attach an electronic copy of this form to the Online Convention Delegate Registration Payment page; send by email Michael Breslin @ [mchenrycountymcl@gmail.com](mailto:mchenrycountymcl@gmail.com).
3. Registration fee is \$5.00 per registrant, payable using the online Delegate Payment form @ [Online Delegate Registration](#).
4. Payment by credit card, ACH or check.
5. Check payment should be noted on the online registration page. Make the check payable to: Department of Illinois MCL and mailed to Mike Ruffner 40557 N. Minena, Antioch, IL 60002-9763 with a copy of this registration form.
6. The official convention registration badge, furnished to all registrants, shall be worn at all sessions of the convention.
7. On the following sheet/sheets the name, Profile Number (**Not Member or Life Member Numbers\***) and address must be typed or hand lettered (neatly, please!) for clarity to avoid mistakes on the badges. Please make additional pages as needed for the number of delegates your Detachment is authorized.
8. For assistance, please contact Michael Breslin @ (815) 451-5915 or [mchenrycountymcl@gmail.com](mailto:mchenrycountymcl@gmail.com)

DELEGATE

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

Profile #: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

DELEGATE

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