

Department of Wyoming

Veterans of Foreign Wars of the United States

This form is to be completed by a Post officer and must be in the hands of the Department Quartermaster by the end of the Department Convention registration.

Post Number: _____ **City where post is located:** _____

Membership Total: _____ **Voting Strength:** _____

The voting strength of your Post will be according to the National By-Laws, Section 222: Delegates, District Convention and Meetings, Department and National Conventions. The delegate and alternate strength of each Post in the Department shall be based upon one for every 30 members or fraction thereof in good standing at the time of election and they shall be elected in accordance with the provision of the National By-Laws.

Post Members attending convention.

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Current Members of Council of Administration who are members of your Post.

Name: _____ Office: _____

Name: _____ Office: _____

Name: _____ Office: _____

Past Department Commander who are members of your Post.

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name of person completing this form: _____

Title/Position: _____