



Department of South Carolina

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 Lexington, SC 29072
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Department Convention—Post & Delegate Registration

ARTICLE VI

VOTING: DISTRICT AND DEPARTMENT CONVENTIONS

SECTION 1.

- a) Post delegates and alternates to the District shall be elected at a regular meeting of the post not less than 30 days prior to the District Convention. The District Quartermaster shall verify the delegate strength of each Post using the month end membership report immediately prior to the convening of the convention, with such additions as may be necessary by new posts only.
- b) Such report shall be used to determine delegate strength for meetings during the ensuing year. Delegates and alternates of each Post shall serve as delegates throughout the year provided they remain members in good standing in the respective Post within the District.
- c) Each post shall pay a delegate fee/s of not less than three (3) dollars for each delegate of the Department Convention. Delegate fees must be paid to entitle delegates to vote at the Department Convention. Delegate registration fee/s shall be paid for by the Post and received by the Department Quartermaster not less than fifteen (15) days prior to the convening of the Department Convention every year. Posts failing to forward the full delegate registration fee/s shall be considered delinquent and in arrears. (a), b), c): National By-Laws –MOP-Article II – Posts-Section222-Dellegates, District Convention & Meetings, Department and national conventions –(a) –b))

Please type or print each member's Information below and designate as delegate or alternate.
(any change to a delegate's status shall be reported to the Quartermaster)

Registration Type	Membership Number	Member Name	Member Address	E-Mail	Amount
<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate					
<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate					
<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate					
<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate					
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<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate					
<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate					
<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate					

Mail completed form to Department Headquarters'
 with delegate dues in the memo section.

Total Enclosed: \$ _____

Quartermaster Signature: _____

Post Number: _____ District Number _____