



## Department of South Carolina

**Headquarters:**  
 210 Glassmaster Rd  
 Lexington, SC 29072  
 Phone: 803-808-0317

**Quartermaster Satellite Office:**  
 622 Bridlewood Ln  
 Mount Pleasant, SC 29464  
 Phone: 843-327-3858

### Department Convention - Post and Delegate Registration

#### ARTICLE VI

#### VOTING: DISTRICT & DEPARTMENT CONVENTIONS

**SECTION 1.**

- a) Post delegates and alternates to the District shall be elected at a **regular meeting of the Post in April**. The District Quartermaster shall verify the delegate strength of each Post as of March 31st, 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 of not less than **five (5)** dollars for each delegate of the Department Convention. Delegate fees must be paid to entitle delegates to vote at the Department Convention. Delegate registration fees shall be paid for by the Post and received by the Department Quartermaster not later than fifteen (15) days prior to the convening of the Department Convention every year. Posts failing to forward the full delegate registration fee shall be considered delinquent and in arrears.
- d) Registered delegates at the Department Convention shall have their credentials marked with a large "D" or the name "Delegate" spelled out.

**Please type 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 | E-Mail |
|-----------------------|-------------------|-------------|--------|
| Delegate<br>Alternate |                   |             |        |
| Delegate<br>Alternate |                   |             |        |
| Delegate<br>Alternate |                   |             |        |
| Delegate<br>Alternate |                   |             |        |
| Delegate<br>Alternate |                   |             |        |
| Delegate<br>Alternate |                   |             |        |
| Delegate<br>Alternate |                   |             |        |
| Delegate<br>Alternate |                   |             |        |
| Delegate<br>Alternate |                   |             |        |
| Delegate<br>Alternate |                   |             |        |

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

Total Enclosed: \$ \_\_\_\_\_

Quartermaster Signature: \_\_\_\_\_

Post Number: \_\_\_\_\_ District Number: \_\_\_\_\_