

**DEPARTMENT OF HAWAII
VETERANS OF FOREIGN WAR OF THE UNITED STATES**
438 HOBROTON LANE SUITE 407
HONOLULU, HI 96815
808-946-7250



Fillable Form

87TH ANNUAL POST DELEGATE AND FEES REPORTING

Posts shall elect one delegate and one alternate for each **30 members** or fraction thereof, to serve as delegates to the Department Convention. The Post total membership will be based upon members in good standing as of the date of the election. Each Post will pay a delegate fee of ten dollars (**\$10.00**) for each and every delegate to which the Post is entitled. Additions attributable to the late reporting of new members may be authorized up to the day of voting so long as the additional delegate fees are paid before the vote. The Post will pay the delegate fees for all delegates and for those granted individual voting rights by the Department Bylaws and Convention Rules. This includes Post Commanders, State Officers, Past Department Commanders and National Officers. Officers voting separate from **Delegate List Part 1** will be listed only on **Delegate List Part 2**.

*Complete/Submit Form along with payment option for total cost of Delegate Fees to address above:

Post Number: _____ **Total Membership:** _____ **Number of Delegates:** _____

Delegate List Part 1: Members Authorized to Serve as a Delagate by the Post Membership

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.

Designates Attendees * Designates Alternates

Delegate List Part 2: Members Voting Authorized to Vote Separately

1.	2.	3.	4.
5.	6.	7.	8.

Delegate Fee Calculations:

Part 1 Total Delegates:	Part 2 Total Delegates:	Total Delegates:	Delegate Fees Owed (Part 3X\$10.00):

Pay by Credit Card: Fill out the information below or use the Link/QR Code:

[Department of Hawaii Payment Link](#) **Clover Confirmation Code:** _____

Visa: Mastercard: Discover: AMEX:
 Name (As Appears on Credit Card): _____
 Billing Address for Card: _____
 City: _____ State: _____ Zip: _____
 Card #: _____
 Expiration Date: _____ Security Code: _____
 Signature: _____



Pay by Check: Make Checks Payable to: "Department of Hawaii" / ATTN: DELEGATE FEES