

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



*Fillable Form*

**88<sup>TH</sup> 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:

<https://link.clover.com/urlshortener/qLjHpf> 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**