



DEPARTMENT OF FLORIDA MARINE CORPS LEAGUE CONVENTION – JUNE 6--9, 2024 REGISTRATION

Please PRINT LEGIBLY

| | |
|------------------------|--|
| Detachment NAME | |
| Detachment # | |
| Mailing Address | |
| EMAIL Address: | |
| Phone #: | |

- Please review MCL Department of Florida Bylaws, Section 145 – Convention Delegates and Alternates and Section 305 – Delegate Registration at Annual Convention; view/download at: www.mcl dof.org/by-laws-directives for information on delegate registration.
- Detachment Regular members must be **IN GOOD STANDING** to register as a delegate or alternate.
- Contact the Dept. of FL Paymaster at mcl dof.paymaster@gmail.com with questions about membership status (payment of dues) of regular members.
- **Include the PROFILE ID for each registered detachment member.**
- The number of delegates is based on the voting strength of the Detachment’s member roster. Detachments should use the voting strength on the FY2024 2nd Quarter Member Roster to determine the number of delegates. The 3rd Quarter Member Rosters from National are expected by mid-April 2024 and will immediately be emailed to Detachments by the DOF Paymaster. Detachment Commandants should review rosters for any changes to the voting strength.
- Detachment Commandants **MUST** sign the Convention Delegate Registration Form(s) listing the Detachment’s delegates and alternates/attendees.
- Member(s)-at-Large are affiliated with Detachment 500 and should so indicate on this form.

ADVANCE Convention Registration Fee: **\$5** per person
AFTER MAY 18, 2024 or “Walk-ins” at the Convention -- Registration Fee = \$6
 Credentials Chair to review all Registrations and make determination as to Detachment strength and Delegates allowed.

● Detachment Commandant must **SIGN & DATE** Form certifying the listed members are in good standing.

| | | PRINT legibly Check columns accordingly | REG | ASSOC | Attend | Delegate | Alternate |
|---|----------------------|--|------------|--------------|---------------|-----------------|------------------|
| 1 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 2 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |



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| | | PRINT legibly Check columns accordingly | REG | ASSOC | Attend | Delegate | Alternate |
|-----------|----------------------|--|------------|--------------|---------------|-----------------|------------------|
| 3 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 4 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 5 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 6 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 7 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 8 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 9 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 10 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 11 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 12 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |



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| | | PRINT legibly Check columns accordingly | REG | ASSOC | Attend | Delegate | Alternate |
|----|---------------|--|------------|--------------|---------------|-----------------|------------------|
| 13 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 14 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 15 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |
| 16 | NAME: | | | | | | |
| | TITLE: | | | | | | |
| | PROFILE ID #: | | | | | | |
| | CELL PHONE # | | | | | | |

*****DETACHMENT COMMANDANT:** _____
Signature REQUIRED

PRINT Detachment Commandant Name: _____

Date: _____

Number of Members Registered _____ **x \$5 =** _____

\$ _____ **enclosed** **Check #** _____

******* Make Check payable to:**
DEPT OF FLORIDA MARINE CORPS LEAGUE

**Mail THIS completed/signed Form [all 4 pages] with Check or Money Order
NO LATER THAN **MAY 18, 2024** to:**

**Trisha Marsh
DOF MCL Convention Chair
12370 Lake Shalimar Drive
Bonita Springs, FL 34135**



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For Dept. of Florida Credential Committee Use ONLY

| | | | |
|-----------------------------|--|---------------------------|--|
| Detachment NAME | | | |
| Detachment # | | | |
| # of pages submitted | | | |
| | | | |
| Detachment Strength: | | Delegates Allowed: | |

| | |
|------------------------|--|
| Date Validated: | |
|------------------------|--|

Credentials Chair: Rick Bedford

Signature: _____

Credentials Committee Member: _____

Signature: _____

**Delegate/Alternate status information to be provided to Convention Chair by
MAY 28, 2024 or before**