

**LADIES AUXILIARY of THE FLEET RESERVE ASSOCIATION**

**NATIONAL DELEGATE SHEET**

The following members have been elected to represent:

UNIT NUMBER: \_\_\_\_\_, CITY & STATE: \_\_\_\_\_

UNIT NAME: \_\_\_\_\_, REGION \_\_\_\_\_

of the Ladies Auxiliary of the Fleet Reserve Association at the **91st** National Convention to be held on **November 2-8, 2025** at the **Oasis Hotel & Conf Cent, 2546 N Glenstone Ave., Springfield MO**

**DELEGATES**

**ALTERNATE DELEGATES**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

If a delegate is not elected, or if none of the above is in attendance, the following Proxy (or Alternate Proxy) is authorized to represent this Unit.

PROXY

ALTERNATE PROXY

\_\_\_\_\_ UNIT \_\_\_\_\_ UNIT \_\_\_\_\_

PROXY/ALTERNATE PROXY is INSTRUCTED \_\_\_\_\_ UNINSTRUCTED \_\_\_\_\_

We, the undersigned, do hereby attest that the members of our Unit at a regularly stated meeting, a quorum being present, DID \_\_\_\_\_, DID NOT \_\_\_\_\_ approve and grant the chairman of the Unit's Convention Delegation, the authority to add the name of any member in good standing of this Unit present at the National Convention to the above Delegate List, up to the authorized voting strength.

**MAIL ONE COPY TO EACH OF THE FOLLOWING 45 DAYS  
BEFORE NATIONAL CONVENTION DEADLINE SEPTEMBER 19 2025**

- NAT'L PRESIDENT                      NAT'L VICE PRESIDENT                      NAT'L EXECUTIVE SECRETARY
- NAT'L CONVENTION CHAIRMAN                      NAT'L CREDENTIALS CHAIRMAN
- NAT'L REGISTRATION CHAIRMAN                      YOUR REGIONAL PRESIDENT

**SEE WHO, WHAT, WHERE FORM (ON WEBSITE) FOR NAMES AND ADDRESSES**

\_\_\_\_\_  
SIGNATURE OF PRESIDENT

\_\_\_\_\_  
SIGNATURE OF SECRETARY

\_\_\_\_\_  
EMAIL OF PRESIDENT

\_\_\_\_\_  
EMAIL OF SECRETARY

AUTHORIZED VOTES AS OF 3/31/2025 \_\_\_\_\_

PER NFS VOTING STRENGTH # of Votes

REGION \_\_\_\_\_

UNIT NO. \_\_\_\_\_