



SD Department Convention

Delegate Fees

Completed by Auxiliary Secretary/Treasurer and sent to Department Treasurer by May 15, 2025.

Auxiliary No. _____ Location: _____

Membership # of _____, on date the election of Delegates was made. Date _____

Your Auxiliary is allowed 1 Delegate for each 30 members OR FRACTION THEREOF.
Members must be in good standing. Example: Auxiliary membership at time the election of Delegates is 78 members. You have and pay for 3 (Three) Delegates.

Each Auxiliary must also remit for any member(s) from their Auxiliary who is serving as a Department Officer, this includes a District President. (Department not your local Auxiliary) during the current year 2024-25. Also for any Past Department Presidents within their Auxiliary.

NUMBER OF DELEGATES ENTITLED _____ AT \$2.00 TOTAL \$ _____

DEPARTMENT OFFICERS (IF ANY):

_____	_____
Name	Office Title
_____	_____
Name	Office Title
_____	_____
Name	Office Title

Total Department Officers _____ at \$2.00 each Total \$ _____

PAST DEPARTMENT PRESIDENTS (if any):

_____	_____
Name	Name
_____	_____
Name	Name

Total Past Department Presidents _____ at \$2.00 each Total \$ _____

TOTAL Submitted for all entities \$ _____

Mail to Department Treasurer with Department Delegate & Alternate Form before May 15, 2025

Nancy Chester, PO Box 55, Fort Pierre, SD 57532 605-220-1468