DETACHMENT NAME _____ DET # _____

MARINE CORPS LEAGUE – DEPARTMENT OF PENNSYLVANIA

2026 CONVENTION / 17-20 JUNE 2026 / Kalahari Resort & Convention Center, PA

REFERENCE: DEPARTMENT ADMINISTRATIVE PROCEDURES / CHAPTER 2 / SECTIONS 2025 & 2035

FOR CREDENTIALS USE ONLY

TOTAL MEMBERS: _____

TOTAL DELEGATES: _____

TOTAL VOTES: _____

Check #: _____

Amount: _____

COMPLETE FORM AND SEND TO: MCL OF PA, Attn: Paymaster, PO BOX 6687, Harrisburg, PA 17112

1. Registration fees at the Convention are: **$15.00** per Delegate, Alternate, Regular Member, Associate or Guest. Advance Registration is **$10.00** and must be submitted on this properly completed credential form and postmarked no later than **5 June 2026.** Registration received after the cutoff date will be returned.
2. The number of allowed Delegates and Alternates to the Convention for each Detachment shall be determined on the basis of Detachment strength, reported to and on record with the Department Paymaster thirty (30) days prior to Convention. The allowable representation shall be one (1) Delegate and one (1) Alternate for each block of ten (10) regular members and/or major portion thereof each Detachment's strength. One additional Delegate and one additional Alternate shall be allowed for the Detachment Charter.
3. Voting at the Convention will be determined by a majority of Delegates paid and properly registered and approved by the Credentials Committee. The Delegate allowed for the Detachment Charter must be paid and registered in order to cast any vote. All Delegates and Alternates must be Regular Members (i.e., not Associates) of the MCL.
4. Past Department Commandants are voting Delegates in their own right and pay no fee to register as a Past Department Commandant. To register as a Delegate representing a Detachment, PDCs must register as a Detachment Delegate (not as a Past Department Commandant) and must pay the registration fee.

Registering as: (Choose 1 box below)					Name/Title (Office you are holding)	Profile ID #	Attending (Y/N)	Credentials Use Only
Delegate	Alternate	Reg. Member	Associate	Guest				

Detachment Commandant (Print Name) _____ **Detachment Paymaster (Print Name)** _____

Commandant Signature & Date _____ **Paymaster Signature & Date** _____