2020	
DISTRICT #	

DISTRICT OFFICERS REPORT FORM

(This form is **REQUIRED**)

ORIGINAL must be returned to Department

OFFICER	MAILING ADDRESS	HOME PHONE
COMMANDER		()
SR VICE CMDR		()
JR VICE CMDR		()
ADJUTANT		()
JUDGE ADVOCATE		()
FINANCE OFFICER		()
CHAPLAIN		()
HISTORIAN		()
SERVICE OFFICER		()
SGT AT ARMS		()

OFFICER	MAILING ADDRESS	HOME PHONE
AMERICANISM CHMN		()
BASEBALL CHMN		()
BOYS STATE CHMN		()
CHILDREN YOUTH CHMN		()
COMMUNITY SERVICE CHMN		()
LEGISLATIVE CHMN		()
MEMBERSHIP CHMN		()
ORATORICAL CHMN		()
PUBLIC RELATIONS CHMN		()
OTHER CHAIRMEN:		()
		()
		()
		()
DATE	DISTRICT ADJUTANT'S SIGNATURE	

PLEASE RETURN <u>THIS</u> COMPLETED FORM TO DEPARTMENT HEADQUARTERS IMMEDIATELY FOLLOWING DISTRICT ELECTIONS.

Please forward a copy of the **District Commander's** Discharge Document for the Department Record. If redacted to protect against stolen identity; please leave enough information visible to verify that the form belongs to the officer.

20 2	20
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District	#
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CERTIFICATION OF SERVICE RECORD OF AMERICAN LEGION OFFICIALS

(This form is <u>REQUIRED</u> and will be returned if not completed.)

TO COMPLY WITH NATIONAL AND U	PDATE THE DEPARTMI	ENT FILE, THE DAT	A FOR EACH PERSON I	S REQUIRED!
NAME	DATE OF ENLISTMENT	DATE OF DISCHARGE	RANK AND ORGANIZATION	SERIAL NUMBER
COMMANDER				
MEMBER ID NO.				
VICE COMMANDER				
MEMBER ID NO.				
JR. VICE COMMANDER				
MEMBER ID NO.				
ADJUTANT				
MEMBER ID NO.				
HISTORIAN				
MEMBER ID NO.				
CHAPLAIN				
MEMBER ID NO.				
FINANCE OFFICER				
MEMBER ID NO.				
JUDGE ADVOCATE				
MEMBER ID NO.				
SERGEANT AT ARMS				
MEMBER ID NO.				
hereby certify that each of the abo as the consequent right to serve in	_		p in The American	Legion and
District Commander / Adjutant			ate	