

DISTRICT OFFICERS REPORTING FORM

All Districts are to submit to Department Headquarters a District Officer Reporting Form and the Certification of District Officers Form (see next page) each year following their District Elections. NOTE: Please submit names even if there are no changes; just indicate on the form 'No Changes' after the name. Submit complete forms to Wisconsin American Legion- P.O. Box 388 Portage, WI 53901 or save and email to membership@wileigon.org. Forms are also available at wileigon.org.

District: _____ Date Elected: _____ Date Installed: _____

Location of Meetings: _____ Date of Meetings: _____ Time: _____

TITLE	NAME & ID #	ADDRESS	PHONE	EMAIL
Commander				
Membership Chairman				
Vice Commander				
Vice Commander				
Vice Commander				
Adjutant				
Finance Officer				
Historian				
Chaplain				
Sergeant at Arms				
Sergeant at Arms				
Service Officer				
Judge Advocate				

CERTIFICATION OF DISTRICT OFFICERS FORM

Date: _____

Pursuant to the Department Constitution, I have examined the service record of each of the following officers who have been duly elected to serve _____ District.

TITLE	NAME & ID #	DATE OF ENLISTMENT	DATE OF DISCHARGE	RANK & ORGANIZATION	SERIAL NUMBER
Commander					
Membership Chairman					
Vice Commander					
Vice Commander					
Vice Commander					
Adjutant					
Finance Officer					
Historian					
Chaplain					
Sergeant at Arms					
Sergeant at Arms					
Service Officer					
Judge Advocate					

I hereby certify that each of the above officials are eligible for membership in The American Legion and that their current year membership dues have been paid, and they have the consequent right to serve in an Official capacity.

District Adjutant Signature