



# DEPARTMENT OF WISCONSIN STANDING COMMITTEE APPLICATION

Name: \_\_\_\_\_ District#: \_\_\_\_\_ Post#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

Have you completed National Basic Training? ☐ Yes | ☐ No

Have you completed the Wisconsin American Legion College Basic, Intermediate, and Advanced Courses? ☐ Yes | ☐ No

Have you previously served on a Department Standing Committee? ☐ Yes | ☐ No  
(if yes, which committee(s) and in what capacity?):

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Have you ever served on a District, County, or Post Committee? ☐ Yes | ☐ No  
(if yes which committee(s) and in what capacity? ie: District Finance Officer, County Commander, Post Americanism):

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DEPARTMENT OF WISCONSIN  
STANDING COMMITTEE APPLICATION (continued)

What Strengths and attributes do you bring to the requested Department Standing Committee that would make you a good candidate for this appointment (including professional and technical skills)? (ie: Multi-year staff member of WALLECA):

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**[ ] YES, I understand that attendance at Department Committee meetings is mandatory. Per Department Bylaws, Article III, Section 4(d), and member absent for two consecutive meetings may be dismissed by the Department Commander.**

Applicants Signature: \_\_\_\_\_

District Commander's Remarks:

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District Commander's Signature: \_\_\_\_\_

**\*\*District Commander, please submit this form to the Department Adjutant prior to Department Convention.\*\***