

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 fill out form completely and check the information with all officers beforehand to ensure a correct submission. Member IDs are required. Submit completed forms to Wisconsin American Legion | P.O. Box 388, Portage, WI 53901 or save and email to membership@wilegion.org. Forms are also available at wilegion.org.

District: _____ Date Elected: _____ Date Installed: _____

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

TITLE	NAME & MEMBER ID REQUIRED	HOME ADDRESS	PHONE NUMBER	EMAIL ADDRESS
Commander				
Membership Chairman				
1 st Vice Commander				
2 nd Vice Commander				
3 rd Vice Commander				
Adjutant				
Finance Officer				
Historian				
Chaplain				
Sergeant-At-Arms				
Sergeant-At-Arms				
Service Officer				
Judge Advocate				

CERTIFICATION OF DISTRICT OFFICERS FORM

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 & MEMBER ID REQUIRED	DATE OF ENLISTMENT	DATE OF DISCHARGE	RANK AND ORGANIZATION	SERIAL NUMBER
Commander					
Membership Chairman					
1 st Vice Commander					
2 nd Vice Commander					
3 rd Vice Commander					
4 th 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 Required: _____ *Date:* _____

*** (Form will be returned if unsigned) ***