

# **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](mailto:membership@wileigon.org). Forms are also available at [wileigon.org](http://wileigon.org).*

District: \_\_\_\_\_ Date Elected: \_\_\_\_\_ Date Installed: \_\_\_\_\_

Location of Meetings: \_\_\_\_\_ Date of Meetings: \_\_\_\_\_ Time: \_\_\_\_\_

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

# **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.

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

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

# **DISTRICT COMMITTEE CHAIRMAN FORM**

District No: \_\_\_\_\_ Date Elected: \_\_\_\_\_ Date Installed: \_\_\_\_\_

<b>TITLE</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>EMAIL</b>
<b>Americanism</b>				
<b>Athletic Officer</b>				
<b>Badger Boys State</b>				
<b>Boy Scouts</b>				
<b>Oratorical</b>				
<b>Shooting Sports</b>				
<b>Blood Donor</b>				
<b>Camp American Legion</b>				
<b>Children &amp; Youth</b>				
<b>Legion Riders</b>				
<b>Legislative</b>				
<b>Publicity/Newsletter</b>				
<b>POW/MIA</b>				
<b>Public Relations</b>				
<b>Sons of The American Legion</b>				
<b>VA&amp;R</b>				