

COUNTY OFFICERS REPORTING FORM

All Counties are to submit to Department Headquarters a County Officer Reporting Form and the signed Certification of County Officers Form (see next page) each year following their annual County 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 complete forms to the 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: _____ County: _____ Date Elected: _____ Date Installed: _____

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

TITLE	NAME	MEMBER ID REQUIRED	PHONE	EMAIL
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 COUNTY 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 _____ (County).

TITLE	NAME & MEMBER ID REQUIRED	DATE OF ENLISTMENT	DATE OF DISCHARGE	RANK & ORGANIZATION	SERIAL NUMBER
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					

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



County Adjutant Signature: _____ Date: _____
*** (Form will be returned if unsigned) ***