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?):

_____
_____
_____
_____
_____
_____
_____

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):

_____
_____
_____
_____
_____
_____
_____

[___] 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:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

District Commander's Signature: _____

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