20 -20

DISTRICT #

DISTRICT OFFICERS REPORT FORM

(This form is **REQUIRED**)

ORIGINAL must be returned to Department

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OFFICER	MAILING ADDRESS	HOME PHONE
AMERICANISM CHMN		()
BASEBALL CHMN		()
BOYS STATE CHMN		()
CHILDREN YOUTH CHMN		()
COMMUNITY SERVICE CHMN		()
LEGISLATIVE CHMN		()
MEMBERSHIP CHMN		()
ORATORICAL CHMN		()
PUBLIC RELATIONS CHMN		()
OTHER CHAIRMEN:		()
		()
		()
		()
DATE	DISTRICT ADJUTANT'S SIGNATURE	

PLEASE RETURN <u>THIS</u> COMPLETED FORM TO DEPARTMENT HEADQUARTERS IMMEDIATELY FOLLOWING DISTRICT ELECTIONS.

Please forward a copy of the **District Commander's** Discharge Document for the Department Record. If redacted to protect against stolen identity; please leave enough information visible to verify that the form belongs to the officer.

CERTIFICATION OF SERVICE RECORD OF AMERICAN LEGION OFFICIALS

20__- 20_

District #

(This form is <u>REQUIRED</u> and will be returned if not completed.)

Pursuant to the action of the 13th Annual National Convention of The American Legion at Detroit, Michigan, September 24, 1931, I have examined the service record of each of the following officials who have been duly elected to serve DISTRICT _____.

TO COMPLY WITH NATIONAL AND UPDATE THE DEPARTMENT FILE, THE DATA FOR EACH PERSON IS REQUIRED!

NAME	DATE OF ENLISTMENT	DATE OF DISCHARGE	RANK AND ORGANIZATION	SERIAL NUMBER
COMMANDER				
MEMBER ID NO.				
VICE COMMANDER				
MEMBER ID NO.				
JR. VICE COMMANDER				
MEMBER ID NO.				
ADJUTANT				
MEMBER ID NO.				
HISTORIAN				
MEMBER ID NO.				
CHAPLAIN				
MEMBER ID NO.				
FINANCE OFFICER				
MEMBER ID NO.				
JUDGE ADVOCATE				
MEMBER ID NO.				
SERGEANT AT ARMS				
MEMBER ID NO.				

I hereby certify that each of the above officials is eligible for membership in The American Legion and has the consequent right to serve in an official capacity.

District Commander / Adjutant