

DISTRICT CERTIFICATION OF OFFICERS 2018 -2019

District _____ American Legion District

Complete this form and return within seven (7) days following the District Election to the **Department** Adjutant

OFFICERS	NAME	ADDRESS/CITY/ZIP	ID#:	PHONE - HOME & CELL	EMAIL
Commander					
Adiutant					
Senior Vice Commander					
Junior Vice Commander					
Junior Vice Commander					
Junior Vice Commander					
Junior Vice Commander					
Junior Vice Commander					
Finance Officer					
Chaplain					
Historian					
Judge Advocate					
Service Officer					
Sergeant-at- Arms					

Date:

Signed:

Commander/Adiutant