



DISTRICT OFFICERS 20____ - 20____

DEPARTMENT OF MAINE, THE AMERICAN LEGION

ELECTED DATE: ____/____/____ DISTRICT No. _____

PLEASE TYPE OR PRINT

COMMANDER

NAME		MAILING ADDRESS		TOWN	ST	ZIP
ID NUMBER	HOME PHONE	CELL PHONE	E-MAIL ADDRESS			

ADJUTANT

NAME		MAILING ADDRESS		TOWN	ST	ZIP
ID NUMBER	HOME PHONE	CELL PHONE	E-MAIL ADDRESS			

1ST VICE COMMANDER

NAME		MAILING ADDRESS		TOWN	ST	ZIP
HOME PHONE		CELL PHONE		E-MAIL ADDRESS		

2ND VICE COMMANDER

NAME		MAILING ADDRESS		TOWN	ST	ZIP
HOME PHONE		CELL PHONE		E-MAIL ADDRESS		

FINANCE OFFICER

NAME		MAILING ADDRESS		TOWN	ST	ZIP
HOME PHONE		CELL PHONE		E-MAIL ADDRESS		

SERVICE OFFICER

NAME		MAILING ADDRESS		TOWN	ST	ZIP
ID NUMBER	HOME PHONE	CELL PHONE	E-MAIL ADDRESS			

AMERICANISM OFFICER

NAME		MAILING ADDRESS		TOWN	ST	ZIP
HOME PHONE		CELL PHONE		E-MAIL ADDRESS		

CHAPLAIN

NAME	MAILING ADDRESS	TOWN	ST	ZIP
HOME PHONE	CELL PHONE	E-MAIL ADDRESS		

HISTORIAN

NAME	MAILING ADDRESS	TOWN	ST	ZIP
HOME PHONE	CELL PHONE	E-MAIL ADDRESS		

SERGEANT-AT-ARMS

NAME	MAILING ADDRESS	TOWN	ST	ZIP
HOME PHONE	CELL PHONE	E-MAIL ADDRESS		

JUDGE ADVOCATE

NAME	MAILING ADDRESS	TOWN	ST	ZIP
HOME PHONE	CELL PHONE	E-MAIL ADDRESS		

INTERNAL AFFAIRS MEMBERS: _____

AREA REPRESENTATIVE: _____

Please fill in the name, street address or Post office box, town, zip code, home phone, cell phone, and E-mail address of **ALL** officers and return this form to: **The American Legion, Dept. of Maine, 5 Verti Drive, Winslow, ME 04901-0727** or e-mail to: legionme@mainelegion.org. Form is available on www.mainelegion.org under Forms/Applications

Note: In order for your district to receive correspondence or be listed in The American Legion State Directory, this form must be filed with the Department Adjutant's office at the address listed above, on or before the deadline. **This form needs to be completed every year, even if your officers do not change.**

DEADLINE: July 1
DISTRICT OFFICERS FORM.docx

DISTRICT NUMBER