

THE AMERICAN LEGION
DEPARTMENT OF OHIO
PO BOX 8007
Delaware, Ohio 43015-8007

I.D. Sheet

TO: NEWLY ELECTED OR APPOINTED DISTRICT / DEPARTMENT OFFICERS

Please complete the following immediately and return to my attention.

National Headquarters requires this information at the time you are certified as an officer.

NAME: _____ MEMBERSHIP ID # _____

ADDRESS: _____

E-MAIL ADDRESS: _____

POST #: _____ DISTRICT # _____ APPOINTED POSITION: _____

DATE OF BIRTH: _____ SOCIAL SECURITY _____

TELEPHONE: WORK _____ HOME _____

CAN YOU BE REACHED AT YOUR WORK TELEPHONE NUMBER: _____

EMPLOYER: _____ YOUR TITLE: _____

HOBBIES: _____

SPECIAL SKILLS: _____

NAME OF SPOUSE OR SIGNIFICANT OTHER: _____

SPOUSE'S OR SIGNIFICANT OTHER'S NICKNAME (IF ANY): _____

ACTIVE DUTY INFORMATION

BRANCH OF SERVICE: _____

DATE OF ENTRY: _____

DATE OF DISCHARGE: _____

RANK AND ORGANIZATION: _____

SERIAL NUMBER: _____

WAR ERA: _____

IF NOT ALREADY ON FILE, PLEASE PROVIDE A COPY OF YOUR DD-214