



District Details

District # _____

District Per Capita Dues (if applicable) _____

Meeting Information

[1st / 2nd / 3rd / 4th / Last] Day of Week _____

Start Time _____

Location _____

Full Address _____

PLEASE PRINT CLEARLY

Officers Contact Information

District Advisor _____

Legion ID # _____

Address _____

Post # _____

City, ST Zip+4 _____

E-mail _____ Mobile _____

Home _____

Commander _____

S.A.L. ID # _____

Address _____

Squadron # _____

City, ST Zip+4 _____

E-mail _____ Mobile _____

Home _____

First Vice Cdr. _____

S.A.L. ID # _____

Address _____

Squadron # _____

City, ST Zip+4 _____

E-mail _____ Mobile _____

Home _____

Adjutant _____

S.A.L. ID # _____

Address _____

Squadron # _____

City, ST Zip+4 _____

E-mail _____ Mobile _____

Home _____

American Legion Endorsement

I hereby certify as being accurate the above listing of District Officers.

I understand that these officers must be certified to Department Headquarters by MAY 1, 2018 in order to have them recognized at the close of the Sons of The American Legion Detachment of Ohio Annual Convention.

Legion District Commander's Signature _____

Legion ID # _____

Printed Name _____

Post # _____