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BROCHURES & PUBLICATIONS

NATIONAL PUBLICATIONS

Addressee: _____
(Name/Post/Unit/Squadron)

Mailing Address: _____
(Address, City, State, Zip- Avoid using post office box numbers)

Telephone No: (_____) _____

Mail to: American Legion Americanism Division
PO Box 1055
Indianapolis, IN 46206
Fax: (317) 630-1369

Publication	**Stock#**	**Quantity**
Action Program	20-001	_____
Boys State Brochure	20-004	_____
Vote, America Booklet	20-006	Available Online
Let the people decide	20-023	_____
Get out the Vote	20-025	Available Online
ALB Coaches Brochure	21-000	_____
Baseball Rulebook	21-001	_____
Baseball Booklet	21-005	_____
Post Chairman's Oratorical Guide	22-006	Available Online
Oratorical Brochure	22-008	_____
How to start a club (Shooting Sports)	22-009	Available Online
Join a club (Shooting Sports)	22-010	Available Online
Scouting Square Knot Brochure	22-010	Available Online
Jr. Law Cadet	22-012	Available Online
Target Sets	22-015	_____
School Award Program	23-007	_____
Vets Awareness Brochure	23-025	_____
Vets Awareness Flyer	23-025A	_____
Chaplain's Prayer Manual	23-026	_____
Military Commit. Cert.	23-027	Available Online
Chaplain's Handbook	23-028	_____
Warning Signs	24-005	_____
Gateway Drugs	24-006	_____
TFA Brochure	24-008	_____
Halloween Brochure	24-012	_____
C&Y Program Piece	24-014	_____
April is Children & Youth	24-022	Available Online
Play it Safe	24-030	_____
Endow. Fund Brochure	24-034	_____
CWF Grant Guidelines	25-001	Available Online
CWF Award Brochure	25-004	Available Online
CWF Brochure	25-005	_____
CWF Contribution Env.	25-008	_____
OCW Brochure	58-014	_____
OCW Booklet	58-037	Available Online
Family Support Network	59-010	_____

Publications available through Emblem Sales

Our Country's Vets Comic Book
Flag Comic Book
Liberty Comic Book
Pledge Comic Book
Flag Etiquette
Flag Code
Geog. Coloring Book
Declaration of Independence
For which it stands dvd
Bullying prevention comic book
Halloween safety coloring book
Chaplain's Prayer book

DEPARTMENT PUBLICATIONS

Several of the publications will be distributed in your Post Information Bags that are handed out each year in July at your District Caucus, the Friday morning of Department Convention. This manual, along with many other Department manuals can be found at
http://www.wilegion.org/page/content/members/resources

Many publications and brochures are also made available at the Midwinter Conference and Department Convention. You can also request quantities of the items listed below from Department Headquarters, but please note that if it is a large amount you may be charged for the postage. You can also pick items up at the Headquarters office in Portage.

Addressee: _____
(Name/Post/Unit/Squadron)

Mailing Address: _____
(Address, City, State, Zip- Avoid using post office box numbers)

Telephone No: (_____) _____

Mail to: The American Legion, Department of WI
PO Box 388
Portage, WI 53901

Publication	**Quantity**
Wisconsin Specific Why You Should Belong	_____
Member Benefits Fliers	_____
Membership Processing Forms, transmittals etc.	_____
Camp American Legion Brochures	_____
Lead Contact Cards	_____
Symbols of America Children's Activity Book	_____
Essential Planning Guide	_____

CAMP AMERICAN LEGION
DONATION FORM

The American Legion, Department of Wisconsin
Camp American Legion
8529 W. County Road D
Lake Tomahawk, WI 54539
Phone: 715-277-2510
Fax: 715-277-3425
Email: campal@newnorth.net

☐**Post** ☐ **Unit** ☐**Squadron No. _____ located at _____**
(*Address)*

_____ Wishes to donate $_____ to Camp American
(City, state, Zip)

Legion to be used for Camp Operations or _____

_____
Please state purpose and/or any restrictions

_____ _____
Signature ***Title***

PLEASE MAKE CHECKS PAYABLE, AND MAIL TO:
THE AMERICAN LEGION, DEPARTMENT OF WISCONSIN
P.O. Box 388
Portage, WI 53901

For information on projects and opportunities for giving,
please contact the Camp Director at 715-277-2510 or go to www.wilegion.org

CONFERENCES, CONVENTIONS & MEETINGS

EVENT	***DATES***
National Membership Workshop	July 28-30, 2016
98th Annual National Convention	August 26-Sept. 1, 2016
National Fall Meetings	October 10-13, 2016
Department Fall Meetings	October 14-15, 2016
National Legion College	October 23-28, 2016
Midwinter Conference	January 19-22, 2016
Washington Conference	February 26-March 1, 2017
National Spring Meetings	May 8-11, 2017
Department Spring Meetings	May 12-13, 2017
99th Annual Department Convention	July 12-16, 2017
99th Annual National Convention	August 18-24, 2017

FUTURE NATIONAL CONVENTION SITES

2016 – Cincinnati, Ohio
2017 – Reno, Nevada
2018 – Minneapolis, Minnesota
2019 – Indianapolis, Indiana

FUTURE DEPARTMENT CONVENTION SITES

2017 – Eau Claire
2018 – Oshkosh
2019 – Madison
2020 – Appleton

The annual Midwinter Conference will be held at the Ho-Chunk Convention Center in Wisconsin Dells/Baraboo through January 2019.

THE DISPATCH

Membership growth is one of the key issues facing The American Legion, Department of Wisconsin. How do we get new members? What are their interests? How do we keep our posts alive and active in our communities?

Find out in *The Dispatch,* the newspaper published 12 times a year by National Headquarters. Get ideas from other posts on how to get good publicity for your community service and increase your membership. Use it as a recruiting tool. Share *The Dispatch* with potential members so that they know what the Legion is doing for them!

Department Officers, District Commanders and all chairpersons of Department committees and commissions receive complimentary copies. Post Adjutants also receive complimentary copies on behalf of their posts.

A year's subscription for all other Legionnaires is $15. For more information about *The Dispatch*, problems with subscriptions or any other questions, contact *The Dispatch* office at 317-630-1221. You can also subscribe to the *Digital Dispatch* online for free by going to http://www.legion.org/subscribe.

THE DISPATCH

The Dispatch is published by The American Legion National Headquarters.
A 12 issue subscription cost is $15.00.

Please check the appropriate method of payment below:

☐ Check ☐ Money Order ☐ VISA/MasterCard (enter info. below)

Name of Card _____ Card Type _____

Card No. _____ Exp. Date _____ CSC _____

LEGION MEMBER ID # _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Mail this form and payment to:
The American Legion, National Headquarters
Dispatch Subscription
P.O. Box 1055
Indianapolis, IN 46206

AMERICAN LEGION STATE GOLF OUTING

Department of Wisconsin American Legion, Auxiliary & SAL golfers, mark your calendars for the September 10th, 2016 State Golf outing at The Valley Golf Course in Mondovi, WI

Hosted by American Legion Post 550 Brackett, WI

$70 includes everything/$15 banquet only.

Please contact; Brian Flaskrud @715-271-9995
Or brianflaskrud@gmail.com
7375 Hickory Rd. Eau Claire, WI 54701

HOSPITAL DONATION FORM

Donation Form	Date

Donation To:	Amount
Zablocki VA Medical Center	
Tomah VA Medical Center	
William S. Middleton VA Medical Center	
Iron Mountain VA Medical Center	
Minneapolis VA Medical Center	
WI Veteran's Home- King	
WI Veteran's Home- Union Grove	
WI Veteran's Home- Chippewa Falls	
Make checks payable to: ***The American Legion, Department of Wisconsin****	
Total Donation	

Mail To:
The American Legion, Department of Wisconsin
Attn: Hospital Donation
P.O. Box 388
Portage, WI 53901-0388

MILITARY MEDALS AND AWARDS

Requests for the issuance or replacement of military service medals, decorations and awards should be directed to the specific branch of the military in which the veterans served. However, for Air Force (including Army Air Corps) and Army personnel, the National Personnel Records Center will verify the awards to which a veteran is entitled and forward the request, with the verification, to the appropriate service Department for issuance of the medals.

The Standard Form (SF-180), Request Pertaining to Military Records, is recommended for requesting medals and awards. This form is available at archives.gov or can be obtained by calling Department Headquarters. Use the addresses listed below to mail your requests. This process does change from time to time so for current information go to http://www.archives.gov/veterans/replace-medals.html.

BRANCH	**WHERE TO WRITE FOR MEDALS** *(As of 2016)*
ARMY	National Personnel Records Center 1 Archives Drive St. Louis, MO 63138
AIR FORCE	Air Force Reference Branch NCPMF 1 Archives Drive St. Louis, MO 63138
NAVY/MARINE	National Personnel Records Center 1 Archives Drive St. Louis, MO 63138
COAST GUARD	Coast Guard Personnel Service Center 4200 Wilson Blvd., Suite 900 Arlington, VA 20598-7200

Medals and decorations to which an individual is entitled are listed on their DD Form 214. The DD Form 214 shows all medals, including those earned while assigned to a classified unit or engaged in classified activity. If, because of incomplete records or clerical errors, all medals are not listed on the DD Form 214, the individual can request correction of the DD Form 214 by submitting an Application for Correction of Military or Naval Records, DD Form 149. *(See your County Veterans Service Officer for this form)*

POST OFFICERS REPORTING FORM

All Posts are to submit to Department Headquarters, a Post Officer Reporting Form each year following their annual Post Elections. ***Please print neatly, attach a computer generated list or use the fillable form at www.wilegion.org under the 'Members' tab and then 'Membership Forms and Information'.***

District: _____ Post No.: _____ Date Elected: _____ Date Installed: _____

Send Post Mailings to: _____City: _____ State: _____ Zip: _____

Location of Meetings: _____ Date of Meetings: _____ Time: _____

TITLE	NAME	ADDRESS	PHONE	EMAIL
Commander				
Membership Chairman				
Vice Commander				
Vice Commander				
Vice Commander				
Adjutant				
Finance Officer				
Historian				
Chaplain				
Sergeant at Arms				
Sergeant at Arms				
Service Officer				
Judge Advocate				

COUNTY OFFICERS REPORTING FORM

All County Counsels are to submit to Department Headquarters a County Officer Reporting Form and the Certification of County Officers Form (see next page) each year following their annual County Elections. A copy of this form needs to be forwarded to your District Commander also. ***Please print neatly, attach a computer generated list or use the fillable form at www.wilegion.org under the 'Members' tab and then 'Membership Forms and Information'.***

District: _____ County: _____ Date Elected: _____ Date Installed: _____

Location of Meetings: _____ Date of Meetings: _____ Time: _____

TITLE	NAME	ADDRESS	PHONE	EMAIL
Commander				
Membership Chairman				
Vice Commander				
Vice Commander				
Vice Commander				
Adjutant				
Finance Officer				
Historian				
Chaplain				
Sergeant at Arms				
Sergeant at Arms				
Service Officer				
Judge Advocate				

CERTIFICATION OF COUNTY OFFICERS FORM

Date: _____

Pursuant to the Department Constitution, I have examined the service record of each of the following officers who have been duly elected to serve _____ County.

TITLE	NAME	DATE OF ENLISTMENT	DATE OF DISCHARGE	RANK & ORGANIZATION	SERIAL NUMBER
Commander					
Membership Chairman					
Vice Commander					
Vice Commander					
Vice Commander					
Adjutant					
Finance Officer					
Historian					
Chaplain					
Sergeant at Arms					
Sergeant at Arms					
Service Officer					
Judge Advocate					

I hereby certify that each of the above officials are eligible for membership in The American Legion and that their current year membership dues have been paid, and they have the consequent right to serve in an Official capacity.

_____

County Adjutant Signature

DISTRICT OFFICERS REPORTING FORM

All Districts are to submit to Department Headquarters a District Officer Reporting Form, the Certification of District Officials Form (see next page) and the District Committee Chairman Form (page following Certification Form) following their District Elections. ***Please print neatly, attach a computer generated list or use the fillable form at www.wilegion.org under the 'Members' tab and then 'Membership Forms and Information'.***

District: _____ Date Elected: _____ Date Installed: _____

Location of Meetings: _____ Date of Meetings: _____ Time: _____

TITLE	NAME	ADDRESS	PHONE	EMAIL
Commander				
Membership Chairman				
Vice Commander				
Vice Commander				
Vice Commander				
Adjutant				
Finance Officer				
Historian				
Chaplain				
Sergeant at Arms				
Sergeant at Arms				
Service Officer				
Judge Advocate				

CERTIFICATION OF DISTRICT OFFICERS FORM

Date: _____

Pursuant to the Department Constitution, I have examined the service record of each of the following officers who have been duly elected to serve _____ District.

TITLE	NAME	DATE OF ENLISTMENT	DATE OF DISCHARGE	RANK & ORGANIZATION	SERIAL NUMBER
Commander					
Membership Chairman					
Vice Commander					
Vice Commander					
Vice Commander					
Adjutant					
Finance Officer					
Historian					
Chaplain					
Sergeant at Arms					
Sergeant at Arms					
Service Officer					
Judge Advocate					

I hereby certify that each of the above officials are eligible for membership in The American Legion and that their current year membership dues have been paid, and they have the consequent right to serve in an Official capacity.

_____

District Adjutant Signature

DISTRICT COMMITTEE CHAIRMAN FORM

District No: _____ Date Elected: _____ Date Installed: _____

TITLE	NAME	ADDRESS	PHONE	EMAIL
Americanism				
Athletic Officer				
Badger Boys State				
Boy Scouts				
Oratorical				
Shooting Sports				
Blood Donor				
Camp American Legion				
Children & Youth				
Legion Riders				
Legislative				
Publicity/Newsletter				
POW/MIA				
Public Relations				
Sons of The American Legion				
VA&R				

REQUEST FOR COMMANDER VISIT

Date of event: _____ City: _____

Occasion: _____

Type of appearance: _____
(Post, County, District Meeting/Luncheon, Club/Civic Affair/other)

Location of event: _____
(Post, Civic Building, Local Supper Club etc.)

Address: _____

Time of appearance: _____

Who will compose the audience? _____
(Legionnaires/Auxiliary/General Public/Youth Group/Other)

Will the Commander be the main speaker? ☐ Yes _____ ☐ No
How long will he/she be speaking?

Will the Commander function in other capacities? _____

Does the event allow for the Commander to bring a guest? ☐ Yes ☐ No

Is the event a dinner, luncheon or other gathering? _____

Type of attire: _____
(Formal with Legion Cap/Semi-Formal with Legion Cap/ Casual with Legion Cap)

Type of attire for Commander's guest: _____
(Formal/Semi-Formal/Casual)

If the Commander is unable to attend, do you want a Vice Commander? ☐ Yes ☐ No

Is the Department Historian welcome to attend? ☐ Yes ☐ No

What new media will be present? ☐ Newspaper ☐ Press ☐ Radio ☐ TV ☐ Other

Is there a Press Conference arranged? ☐ Yes ☐ No

Name of the person who will meet the Commander: _____

Other information that will be of assistance: _____

Note: ***Protocol dictates that meals and hotel accommodations for the Commander and a guest will be paid for by the Post.***

Name of Post	*County*	*District*	*Phone Number*
County Commander's Name	*Address*		*Phone Number*
Name of person extending the invitation	*Address*		*Phone Number*

Signature

Return to: The American Legion ~ Attn: Commander Visit ~ P.O. Box 388 ~ Portage, WI 53901

TROOP & FAMILY SUPPORT APPLICATION

Date: _____

PERSONAL INFORMATION *(PLEASE PRINT CLEARLY)*

Name: Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____/_____/_____

Married: ☐ Yes ☐ No – Name of Souse: Last: _____ First: _____

Children Names/Ages: _____

MILITARY HISTORY TO INCLUDE VA AND SOCIAL SECURITY STATUS

(Check One) ☐ Active ☐ Reserve ☐ National Guard Current Rank: _____

Branch of Service: _____ All Dates of Service: _____

POC if currently serving in the Armed Forces (Unit & Phone): _____

Please attach a copy of your DD214 for verification of service.

Discharge Date: _____ Discharge Type: _____

Are you a member of any veteran service organization? ☐ Yes ☐ No - If yes, which organization(s) are you a member of? _____

Do you have any type of VA Disability Rating? ☐Yes ☐No – If yes at what rate? _____%

Do you receive Social Security Disability? ☐ Yes ☐ No – If yes, what do you receive monthly? $_____

*****We are Veterans serving Veterans and would appreciate a donation if you are happy with our support*****

MILITARY MEMBER'S EMPLOYMENT INFORMATION

Employed: ☐ Yes ☐ No – list last or current employer name and phone: _____

If unemployed are you drawing unemployment insurance at the present time? ☐ Yes ☐ No

If yes, how many months drawn to date: _____ How may remaining: _____

Current total monthly household income after taxes including spouse if applicable: $_____

SPOUSE/FAMILY

Is spouse a veteran? ☐ Yes ☐ No – if yes do they draw any type of disability on a monthly basis? ☐ Yes ☐ No

Spouse employed? ☐ Yes ☐ No – Employers Name: _____ Phone: _____

Monthly current salary after taxes: _____ If unemployed is the spouse drawing unemployment insurance? ☐ Yes ☐ No

REASON WHY ASSISTANCE IS NEEDED

*****(Be complete and specific. If more space is needed, continue on a separate sheet)*****

_____

_____

_____

_____

_____

LIST YOUR SPECIFIC EMERGENCY FINANCIAL NEEDS	***AMOUNT OF EACH***
*****(Do not list any type of Phone, Cable or Internet expense)*****	
_____	$_____
_____	$_____
_____	$_____
_____	$_____

If interested in free financial counseling then initial here: _____ all information disclosed is confidential.

Have you ever filed for and been granted any type of bankruptcy? ☐ Yes ☐ No – If yes, date approved: _____

Have you applied for or received financial assistance pertaining to this claim from any other agency? ☐ Yes ☐ No – If yes, please give name(s) and phone number(s): _____

_____

Please contact the following organizations and ask for assistance before submitting this application to The American Legion, Department of Wisconsin:

- Family Assistance Center (FAC) is open 24/7 for your convenience
  http://wisconsinmilitary.org

Name: _____ Phone: 1 (800) 292-9464

Notes: _____

_____

- Military One Source is open 24/7 for your convenience http://www.militaryonesource.com

Name: _____ Phone: 1 (800) 342-9647

Notes: _____

_____

- County Veteran Service Office (CVSO), search website for your county office
  http://www.wiscso.org

Name: _____ Phone: _____

Notes: _____

_____

Request Submitted by: Name: _____ Signature _____

Submit to: The American Legion Service Office
5400 W. National Ave. #164
Milwaukee, WI 53214-3461
Phone: (414) 902-5722
Fax: (414) 902-9401
Al.vbamiw@va.gov

Staff use only:

Date to Committee _____ Tracking number assigned _____ Initial _____

The American Legion, Department of Wisconsin's Troop and Family Support fund offers temporary assistance to current active duty soldiers, veterans and their families, or those who have been on active duty within the past two (2) years and have been discharged "Under Honorable Conditions" or higher. This is a non-budgeted restricted fund supported by donations from both our members and the general public. Every penny donated to the fund is used to support current active duty soldiers, veterans and their families or those who have been on active duty within the past two (2) years and have been discharged "Under Honorable Conditions" or higher. Any administrative costs are covered by The American Legion, Department of Wisconsin.

MISSION

- That every eligible soldier receives support from The American Legion, Department of Wisconsin.
- That the families left behind are taken care of.
- That every Wisconsin veteran returns home to a community of active support.
- That every Wisconsin veteran receives the help they need to enhance his or her everyday life.

GUIDELINES

- The Department of Wisconsin's Troop and Family Support (TFS) fund will be administered through the Department's National & Homeland Security Committee (NHSC).
- The "Goal" of the TFS fund is to offer temporary assistance to our active duty soldiers, veterans and their families, and to assist with our National Headquarters "Operation Outreach" program.
- The NHSC will review all requests on a case-by-case basis.
- The NHSC will confirm the need for family assistance and will forward it as appropriate.
- The NHSC will approve requests for assistance by a simple majority of four (4) votes of its members.
- In the event the NHSC is unable to act within 48 hours, the request shall be deferred to the Department Commander for action.

Donations should be directed to: The American Legion, Department of Wisconsin
Troop & Family Support
P.O. Box 388
Portage, WI 53901-0388

REQUEST FOR USE OF AMERICAN LEGION NAME OR EMBLEM ON MERCHANDISE

The name and emblem of The American Legion are registered service marks in the U.S. Trademark Office and are protected by criminal and civil enforcement provisions of federal law (18 U.S.C.S 705 and 36 U.S.C.SS 44 and 48). By authority of May 1947 Resolution Number 71, the National Adjutant or his designated representative (Director, American Legion Emblem Sales), may grant limited permission to use the name and emblem in accordance with Resolution Number 71, other Resolutions and U.S. Trademark Law. In order to gain permission for limited use of the name or emblem, complete this form and forward it to your Department Headquarters, Attn: Department Adjutant. Your Department Headquarters will forward the completed form to American Legion Emblem Sales. Please note that the member of Post purchasing the merchandise must request permission and permission is granted directly to the manufacturer.

Any permission given will be granted on a one-time basis for a given quantity. Additional orders will require new authority and the manufacturer must not produce more items than that being ordered. Permission will be given with the caveat that all material used will specifically identify the Post. If the merchandise requested is available through American Legion Emblem Sales, you will receive a quote for the merchandise or a one-time limited permission. If the merchandise is not available through American Legion Emblem Sales, you will receive a one-time limited permission or denial of permission. You may purchase directly form approved America Legion licensees or their retail outlets. To view a list of current approved licensees of The American Legion, visit our website, http://emblem.legion.org.

COMPLETE THE FIELDS THEN PRINT THIS FORM AND FAX OR MAIL IT TO DEPARTMENT HEADQUARTERS.

Purchaser Information:

Department: _____ Post #: _____ Contact Person: _____ Member ID#:_____

☐Post or ☐Member Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: Daytime _____ Evening _____

Product Description:
Quantity: _____ Price: _____ Intended Purpose/Use of Product: _____

Signature _____ ***Date*** _____

Manufacturer's Information:

Name of Business: _____

Address: _____

City: _____State: _____ Zip: _____

Contact: _____

Email: _____

Phone: _____ Ext. _____

All product parts made in the U.S.A. ☐ Yes ☐ No

If "No", detailed explanation must be attached.

Imprint instructions. (Provide rough sketch or attach artwork.)

Department Use	**FOR OFFICE USE ONLY** National Use
☐Recommend Approval ☐Recommend Denial _____ *Department Adjutant*	☐Approve ☐Referred ☐Denied _____ *National Adjutant or National Emblem Sales Director*

VETERANS AFFAIRS & REHABILITATION
REPORT FORM

Post Name: _____ Post No: _____ District: _____

1. Do you have a Post Service Officer (PSO)? Yes ___ No ___
2. Number of Veterans assisted by your PSO. _____
3. Do you have medical equipment to loan to veterans? Yes ___ No ___
4. Do you have medical equipment to loan to veterans' dependents? Yes ___ No ___
5. Do you have activities and/or programs to help homeless veterans? Yes ___ No ___
6. Number of veterans for whom you have found employment. _____
7. Number of veterans for whom you have found training opportunities. _____
8. Does your Post provide Military Funeral Honors? Yes ___ No ___
9. Number of regularly scheduled volunteers that contribute to VA Voluntary Service (VAVS) Programs. _____
10. Number of regularly scheduled hours contributed to VA Voluntary Service (VAVS) Programs. _____
11. Number of occasional volunteers that contributed to VAVS Programs. _____
12. Number of occasional volunteer hours contributed to VAVS Programs. _____
13. Give a short report on any Post activities within the VAVS Program at local VA health care facilities, State Facilities or other facilities. _____
    _____
    _____
14. What does your Post do to encourage and support Youth Volunteers? _____
    _____
    _____
15. Are Post funds contributed at local VA health care facilities? Yes/Amount _____ No ___
16. Are Post Funds contributed in rehabilitation related activities? Yes/Amount _____ No ___
17. Does your Post newsletter have a regular column by your Post Service Officer? Yes ___ No ___