

APPENDIX A GENERAL ADMINISTRATIVE FORMS

Brochures & Publications	2-3
Camp American Legion Donation Form	4
Conference/Convention/Meeting Dates	5
The Dispatch.....	6
Golf Outing	7
Hospital Donation Form	8
Military Medals and Awards.....	9
Officer Reporting Forms (Post-County-District).....	10-15
Request for Department Commander Visit.....	16
Request for Emblem Use.....	17
Veterans Affairs & Rehabilitation Report Form	18

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 Fax: (317) 630-1369
PO Box 1055
Indianapolis, IN 46206

Many forms from national now need to be downloaded at www.legion.org and printed on your own.

<u>Publication</u>	<u>Stock#</u>	<u>Quantity</u>
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

<u>Publication</u>	<u>Quantity</u>
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 FOUNDATION, INC.
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.campamericanlegion.org.***

CONFERENCES, CONVENTIONS & MEETINGS

EVENT

National Membership Workshop
100th Annual National Convention
National Fall Meetings
Department Fall Meetings
National Legion College
Midwinter Conference
Washington Conference
National Spring Meetings
Department Spring Meetings
101st Annual Department Convention- Madison
101st Annual National Convention- Indianapolis, IN

DATES

August 10-11, 2018
August 23-30, 2018
October 17-18, 2018
October 19-20, 2018
October 28-Nov. 2, 2018
January 17-20, 2019
February 24-27, 2019
May 8-9, 2019
May 10-11, 2019
July 17-21, 2019
August 23-29, 2019

FUTURE NATIONAL CONVENTION SITES

2018 – Minneapolis, Minnesota
2019 – Indianapolis, Indiana
2020 – Louisville, Kentucky
2021 – Phoenix, Arizona
2022 – Milwaukee, Wisconsin

FUTURE DEPARTMENT CONVENTION SITES

2019 – Madison
2020 – Appleton
2021 – Madison

The annual Midwinter Conference will be held at the Ho-Chunk Convention Center in Wisconsin Dells/Baraboo through January 2022.

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



Annual Legion Golf Outing

The 2018 Golf Scramble will be hosted by Post 552 of Somers and is scheduled for Saturday September 15, 2018. Registration is from 7:30 AM-8:30 AM, start time is 8:30 AM.

The event will be held at the Twin Lakes Country Club. The fee will be \$75 per golfer, which includes golfing 18 holes with a cart, a lunch at the turn and the banquet.

Foursomes can consist of 2 Legion Family members and 2 non-Legion Family members.

Make sure you mark your calendar and have your Post budget for a Team sponsorship.



Your event Chairman is Ted DeMicchi of Post 552
(262) 945-1496 or deminkp68@wi.rr.com

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	
<i>*Make checks payable to:</i> <i>The American Legion, Department of Wisconsin*</i>	
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>.

<u>BRANCH</u>	<u>WHERE TO WRITE FOR MEDALS</u> <i>(As of 2018)</i>
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'. Where applicable, forward a copy of this form to your District & County Adjutants.*

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'. Where applicable, forward a copy of these forms to your District & County Adjutants.*

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'. Where applicable, forward a copy of these forms to your District & County Adjutants.*

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 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 from approved American 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. _____

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

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

If "No", detailed explanation must be attached.

Department Use	FOR OFFICE USE ONLY	National Use
<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Denial <hr/> <i>Department Adjutant</i>	<input type="checkbox"/> Approve <input type="checkbox"/> Referred <input type="checkbox"/> Denied <hr/> <i>National Adjutant or National Emblem Sales Director</i>	

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 ___