

Officer Reporting Form

Membership Year (____) District (____) Circle one Post / County / District

- This form is to be used for Officers at the Post, County and District level
- Please print clearly and fill out even if the Officers have not changed from previous year
- Mail to: The American Legion, Department of Wisconsin (Membership) P.O. Box 388, Portage, WI 53901

Post # _____ Name _____ County _____

Post Physical address _____ City _____ Zip _____

P.O. Box _____ City _____ Zip _____

Post Phone Number _____ Does The Post Own a Physical Building? (YES) (NO)

Commander _____ Phone Number _____

Mailing Address _____ City _____ Zip _____

E-Mail Address _____

Adjutant _____ Phone Number _____

Mailing Address _____ City _____ Zip _____

E-Mail Address _____

Finance Officer _____ Phone Number _____

Mailing Address _____ City _____ Zip _____

E-Mail Address _____

Service Officer _____ Phone Number _____

Mailing Address _____ City _____ Zip _____

E-Mail Address _____

Membership Chairman _____ Phone Number _____

Mailing Address _____ City _____ Zip _____

E-Mail Address _____

List Day, Time & Place That Regular Monthly Meetings Are Held:

Day/Place _____ TIME _____

Day/Place _____ TIME _____

Amount of Post Dues _____



WISCONSIN AMERICAN LEGION

20 20 **CERTIFICATION OF OFFICIALS**

This form is to be used to certify the Officers at Post, County and District Levels.

MEMORANDUM FOR DEPARTMENT ADJUTANT Date: _____

Pursuant to the Department Constitution and By Laws, I have examined the service record of each of the following officials who have been duly elected to serve The American Legion as officers at (Circle One) Post / County / District

Position	Name	Enlistment Date	Discharge Date	Service Branch / Rank	Serial #
Commander					
Vice Commander					
Vice Commander					
Adjutant					
Finance Officer					
Service Officer					
Chaplain					
Judge Advocate					
Historian					
Sgt-at-Arms					

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 right to serve in an official capacity.

 Signature of Adjutant