

# **APPENDIX A GENERAL ADMINISTRATIVE FORMS**

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

**Many forms from national now need to be downloaded at [www.legion.org](http://www.legion.org) and printed on your own. Please refer to [legion.org](http://legion.org) for availability.**

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

**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

<b><u>Publication</u></b>	<b><u>Quantity</u></b>
Why You Should Belong	_____
Member Benefits Fliers	_____
Membership Processing Forms, transmittals etc.	_____
Camp American Legion Brochures	_____
Lead Contact Cards	_____



# 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](mailto: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](http://www.campamericanlegion.org).*

# **CONFERENCES, CONVENTIONS & MEETINGS**

## **EVENT**

National Membership Workshop  
101<sup>st</sup> Annual National Convention, Indianapolis, IN  
National Fall Meetings  
Department Fall Meetings  
National Legion College  
Midwinter Conference  
Washington Conference  
National Spring Meetings  
Department Spring Meetings  
102<sup>nd</sup> Annual Department Convention- Appleton  
102<sup>nd</sup> Annual National Convention- Louisville, KY

## **DATES**

August 8-10, 2019  
August 23-29, 2019  
October 14-17, 2019  
October 18-19, 2019  
November 3-8, 2019  
January 16-19, 2020  
March 8-11, 2020  
May 4-7, 2020  
May 8-9, 2020  
July 15-19, 2020  
August 28- Sept. 3, 2020

## **FUTURE NATIONAL CONVENTION SITES**

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

## **FUTURE DEPARTMENT CONVENTION SITES**

2019 – Madison  
2020 – Appleton  
2021 – Madison  
2022 – Green Bay

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

# **AMERICAN LEGION STATE GOLF OUTING**



## **American Legion Annual State Golf Outing** **September 14, 2019 - Marshfield Country Club** *10:00 AM tee time for all entries*

**Host: Marshfield American Legion Post 54**

**Cost: \$80 per golfer**

**Includes: 18 holes, cart, turnaround burger/brat, chips & soda at noon & banquet ticket. Extra dinner tickets available at \$25.**

**Make checks payable to: Legion Post 54**

**Send completed form and check to:  
Marshfield American Legion Post 54 Golf Outing**

**P.O. Box 54**

**Marshfield, WI 54449**

**Post/Unit/SAL/Riders Chapter # \_\_\_\_\_ (Circle your group)**

**Team Captain \_\_\_\_\_ Phone \_\_\_\_\_**

**Team Email Contact \_\_\_\_\_**

**Print name & member number:**

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

*Two Legion family member golfers and two non-Legion golfers*



## **HOSPITAL DONATION FORM**

<b>Donation Form</b>	<b>Date</b>

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

**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](http://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>.

<b><u>BRANCH</u></b>	<b><u>WHERE TO WRITE FOR MEDALS</u></b> <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](http://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
<b>Commander</b>				
<b>Membership Chairman</b>				
<b>Vice Commander</b>				
<b>Vice Commander</b>				
<b>Vice Commander</b>				
<b>Adjutant</b>				
<b>Finance Officer</b>				
<b>Historian</b>				
<b>Chaplain</b>				
<b>Sergeant at Arms</b>				
<b>Sergeant at Arms</b>				
<b>Service Officer</b>				
<b>Judge Advocate</b>				

# **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](http://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
<b>Commander</b>				
<b>Membership Chairman</b>				
<b>Vice Commander</b>				
<b>Vice Commander</b>				
<b>Vice Commander</b>				
<b>Adjutant</b>				
<b>Finance Officer</b>				
<b>Historian</b>				
<b>Chaplain</b>				
<b>Sergeant at Arms</b>				
<b>Sergeant at Arms</b>				
<b>Service Officer</b>				
<b>Judge Advocate</b>				

# **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.

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

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](http://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
<b>Commander</b>				
<b>Membership Chairman</b>				
<b>Vice Commander</b>				
<b>Vice Commander</b>				
<b>Vice Commander</b>				
<b>Adjutant</b>				
<b>Finance Officer</b>				
<b>Historian</b>				
<b>Chaplain</b>				
<b>Sergeant at Arms</b>				
<b>Sergeant at Arms</b>				
<b>Service Officer</b>				
<b>Judge Advocate</b>				

# **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.

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

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: \_\_\_\_\_

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

# **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**

# **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. 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.

**IT IS PREFERRED YOU SUBMIT YOUR REQUEST ELECTRONICALLY AT <https://www.legion.org/emblem/request> FOR THE FASTEST APPROVAL.**

**OR:**

**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
<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Denial  <i>Department Adjutant</i>	<input type="checkbox"/> Approve <input type="checkbox"/> Referred <input type="checkbox"/> Denied  <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 \_\_\_

# **RECONNECT REPORT**

*This form can be duplicated or for the full Reconnect Report Appendix go to:  
<http://bit.ly/19-20MANUALS>*

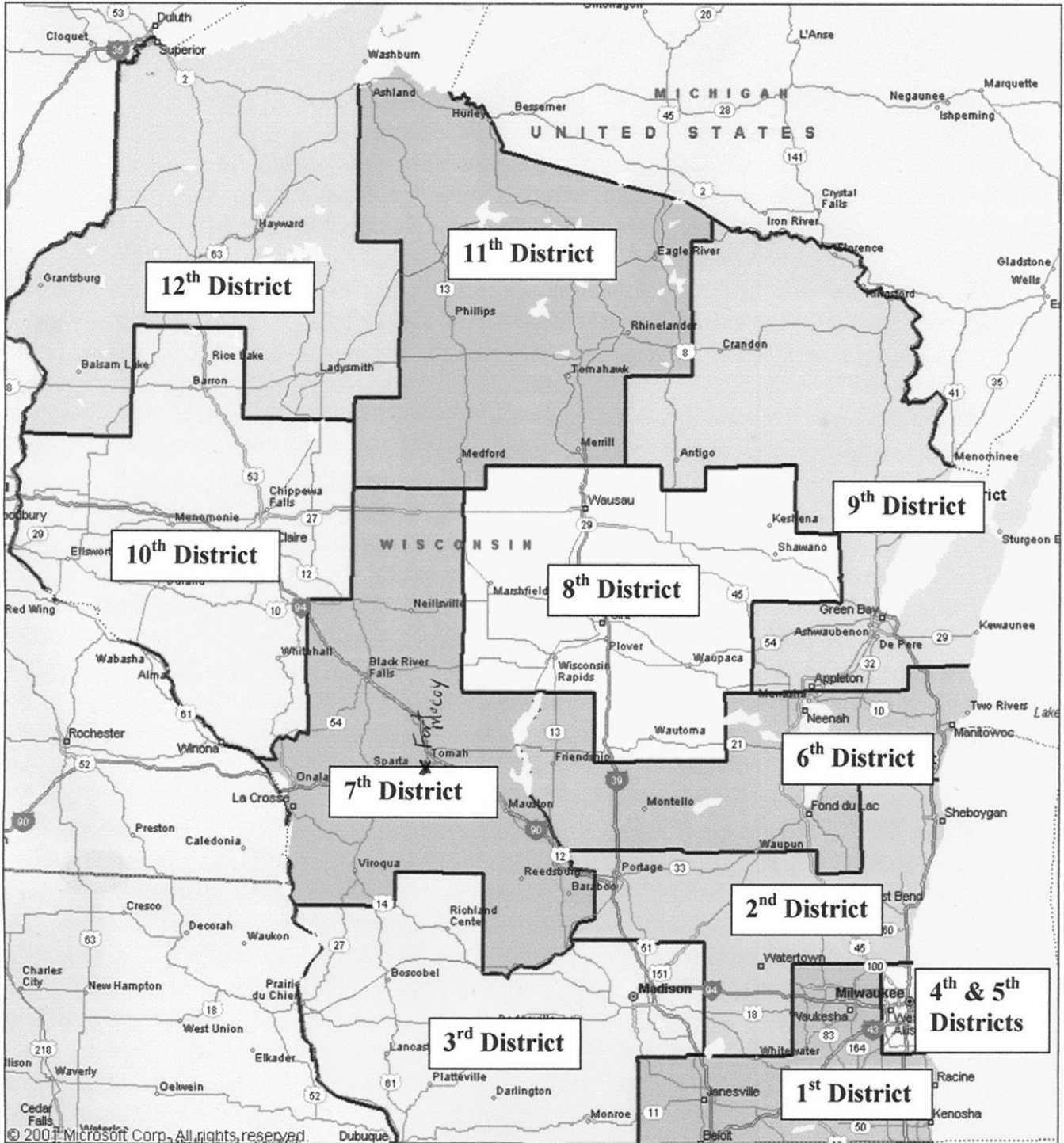
## **REPORT OF POST ACTIVITIES WITH GUARD/RESERVE/ACTIVE DUTY MILITARY PERSONNEL**

**Post No:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Year:** \_\_\_\_\_

<b>Date of Event</b>	<b># of Legionnaires Participating</b>	<b>Identify Military Organization</b>	<b>Purpose of Visit</b>

Please summarize all military visits/meetings monthly.

Send completed report to:  
The American Legion, Department of Wisconsin  
Attn: Reconnect Report  
P.O. Box 388  
Portage, WI 53901  
Fax: (608) 745-0179



## WISCONSIN AMERICAN LEGION DISTRICTS