

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				