



CERTIFICATION OF DISTRICT OFFICERS

FOR YEAR: _____

DISTRICT NO. _____

The WHITE copy is to be submitted to Detachment Headquarters; YELLOW copy is to be retained for District files.

Send WHITE COPY to: DETACHMENT HEADQUARTERS, SONS OF THE AMERICAN LEGION PO BOX 2910 BLOOMINGTON, IL 61702

Type or Print Legibly

OFFICER	NAME	SQUAD#	ID#	PHONE #	EMAIL
* Commander					
* Sr. Vice Commander					
* Jr. Vice Commander					
Adjutant					
Finance Officer					
Judge Advocate					
Chaplain					
Historian					
Service Officer					
Sergeant-at-Arms					
Sergeant-at-Arms					

* Eligible for a Detachment (White Crown) Cap

Date of Meetings: _____

Time: _____

() District meets at the same place and date as meetings of The American Legion District

() Meets : _____

I hereby certify that each of the above officials are eligible for membership in Sons of The American Legion and have the consequent right to serve in an official capacity.

(Signed) _____

District Adjutant

(Signed) _____

District Commander

District Advisor: _____ American Legion card number: _____ Phone # _____