District Officers   2021-2022   District_____

Please complete and return your District Officers list and Committee Chairmen list.

It is the duty of the Adjutant / Outgoing Adjutant to complete these forms. Both lists must be

completed, signed and returned to Department Headquarters to receive mailings!

_____

Commander

_____
Legion Member #   Post #

_____
     Mailing Address (Street or PO Box)

_____
City   State   Zip

_____
  Area Code   Phone Number

_____
e-mail

_____

Vice-Commander and D.E.C. Alternate

_____
Legion Member #   Post #

_____
     Mailing Address (Street or PO Box)

_____
City   State   Zip

_____
  Area Code   Phone Number

_____
e-mail

_____

Adjutant

_____
Legion Member #   Post #

_____
     Mailing Address (Street or PO Box)

_____
City   State   Zip

_____
  Area Code   Phone Number

_____
e-mail

_____

Finance Officer

_____
Legion Member #   Post #

_____
     Mailing Address (Street or PO Box)

_____
City   State   Zip

_____
  Area Code   Phone Number

_____
 e-mail

_____

Judge Advocate

_____
Legion Member #   Post #

_____
     Mailing Address (Street or PO Box)

_____
City   State   Zip

_____
  Area Code   Phone Number

_____
e-mail

_____

Chaplain

_____
Legion Member #   Post #

_____
     Mailing Address (Street or PO Box)

_____
City   State   Zip

_____
  Area Code   Phone Number

_____
e-mail

Please double check your information for updated addresses, email or phone numbers.

Continued on back

Historian

_____

Legion Member #   Post #

_____

     Mailing Address (Street or PO Box)

_____

City   State   Zip

_____

  Area Code   Phone Number

_____

e-mail

_____

Service Officer

_____

Legion Member #   Post #

_____

     Mailing Address (Street or PO Box)

_____

City   State   Zip

_____

  Area Code   Phone Number

_____

e-mail

_____

Sergeant-At-Arms

_____

Legion Member #   Post #

_____

     Mailing Address (Street or PO Box)

_____

City   State   Zip

_____

  Area Code   Phone Number

_____

e-mail

_____

(Title) →

_____

Legion Member #   Post #

_____

     Mailing Address (Street or PO Box)

_____

City   State   Zip

_____

  Area Code   Phone Number

_____

 e-mail

_____

(Title) →

_____

Legion Member #   Post #

_____

     Mailing Address (Street or PO Box)

_____

City   State   Zip

_____

  Area Code   Phone Number

_____

e-mail

Signed_____**Date**_____

(Title) →

_____

Legion Member #   Post #

_____

     Mailing Address (Street or PO Box)

_____

City   State   Zip

_____

  Area Code   Phone Number

_____

e-mail