

# 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