

District Committee Chairman Roster

District:

Year:

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. List must be completed, signed and returned.

Americanism Chairman

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Baseball Chairman

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Boys Scout Chairman

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Boys State Chairm

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Cadet Patrol Chairman

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Children and Youth Chairman

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Please double check address and phone numbers for accuracy

Heroes to Hometowns

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Homeless Veterans

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

County Government Chairman

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Legislative Chairman

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Membership Chairman

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Membership Vice Chairman

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

National Security Chairman

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Oratorical Chairman

Name:

Legion Member # Post #

Mailing Address (Street or PO Box):

City: State: Zip:

Phone: Area Code: Phone Number:

e-mail:

Please double check address and phone numbers for accuracy

Publicity Chairman

Name:

Legion Member #

Post #

Mailing Address (Street or PO Box):

City:

State:

Zip:

Phone: Area Code:

Phone Number:

e-mail:

Veterans Affairs & Rehabilitation Chairman

Name:

Legion Member #

Post #

Mailing Address (Street or PO Box):

City:

State:

Zip:

Phone: Area Code:

Phone Number:

e-mail:

School Awards Chairman

Name:

Legion Member #

Post #

Mailing Address (Street or PO Box):

City:

State:

Zip:

Phone: Area Code:

Phone Number:

e-mail:

State Youth Government Chairman

Name:

Legion Member #

Post #

Mailing Address (Street or PO Box):

City:

State:

Zip:

Phone: Area Code:

Phone Number:

e-mail:

District Certifying Official:

Name:

Position:

Signature: _____ Date: _____