

# **COUNTY OFFICERS REPORTING FORM**

*All Counties 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. NOTE: Please submit names even if there are no changes; just indicate on the form 'No Changes' after the name. Submit complete forms to Wisconsin American Legion- P.O. Box 388 Portage, WI 53901 or save and email to membership@wileigon.org. Forms are also available at wileigon.org.*

District: \_\_\_\_\_ County: \_\_\_\_\_ Date Elected: \_\_\_\_\_ Date Installed: \_\_\_\_\_

Location of Meetings: \_\_\_\_\_ Date of Meetings: \_\_\_\_\_ Time: \_\_\_\_\_

TITLE	NAME & ID #	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.

<b>TITLE</b>	<b>NAME &amp; ID #</b>	<b>DATE OF ENLISTMENT</b>	<b>DATE OF DISCHARGE</b>	<b>RANK &amp; ORGANIZATION</b>	<b>SERIAL NUMBER</b>
<b>Commander</b>					
<b>Membership Chairman</b>					
<b>Vice Commander</b>					
<b>Vice Commander</b>					
<b>Vice Commander</b>					
<b>Adjutant</b>					
<b>Finance Officer</b>					
<b>Historian</b>					
<b>Chaplain</b>					
<b>Sergeant at Arms</b>					
<b>Sergeant at Arms</b>					
<b>Service Officer</b>					
<b>Judge Advocate</b>					

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