

DISTRICT COMMISSIONS/COMMITTEES

2023-2024

MANDATORY FOR ROSTER

DISTRICT #: _____

NAME, ADDRESS
PHONE, E-MAIL, ETC

***** FILL OUT COMPLETELY *****

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| Commission on Americanism Name: _____ Post # _____ Mbrship # _____ | Address: _____ _____ CITY: _____ ZIP: _____ Home: _____ Cell: _____ Email: _____ |
| Oratorical Contest Committee Name: _____ Post # _____ Mbrship # _____ | Address: _____ _____ CITY: _____ ZIP: _____ Home: _____ Cell: _____ Email: _____ |
| Sons of The American Legion Committee Name: _____ Post # _____ Mbrship # _____ | Address: _____ _____ CITY: _____ ZIP: _____ Home: _____ Cell: _____ Email: _____ |

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| <p>Boy Scout / Junior R.O.T.C. Committee</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>POW/MIA / Gold Star Banner & Tack Cmte</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>Commission on Children & Youth</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>Commission on Department Convention</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
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| <p>Commission on Finance</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>Committee on Ways & Means</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>Commission on Internal Affairs</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>CBL's / Rules & Procedures Committee</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
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| <p>Commission on National Security / Governmental Affairs</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>Committee on Legislation</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>Commission on Media & Communications</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>Commission on Veterans Affairs & Rehabilitation</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
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| <p>Health Administration Committee - <u>Representative</u> Ancillary Committee/Districts 2, 4, 5, 6, 7 only</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
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| <p>Health Administration Committee - <u>Deputy</u> Ancillary Committee/Districts 2, 4, 5, 6, 7 only</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
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| <p>V A Medical Centers - <u>Representatives</u> New Orleans – Districts 1, 2 & 3 Shreveport – Districts 4 & 5 Alexandria – District 8</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>V A Medical Centers - <u>Deputy</u> New Orleans – Districts 1, 2 & 3 Shreveport – Districts 4 & 5 Alexandria – District 8</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>Blood Bank</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |

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| <p>Veterans Preference, Education & Employment Committee</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>Commission on American Legion Boys State</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |
| <p>Commission on American Legion Baseball</p> <p>Name: _____</p> <p>Post # _____ Mbrship # _____</p> | <p>Address: _____</p> <p>_____</p> <p>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p> |

FORM COMPLETED BY: _____

CONTACT # _____

DATE: _____