

DISTRICT COMMISSIONS/COMMITTEES

2025-2026

MANDATORY FOR ROSTER

DISTRICT #: _____

NAME, ADDRESS
PHONE, E-MAIL, ETC

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

<p>Commission on Americanism</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>Oratorical Contest 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>Sons of The American Legion 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>

Boy Scout / Junior R.O.T.C. Committee Name: _____ Post # _____ Mbrship # _____	Address: _____ _____ CITY: _____ ZIP: _____ Home: _____ Cell: _____ Email: _____
POW/MIA / Gold Star Banner & Tack Cmte Name: _____ Post # _____ Mbrship # _____	Address: _____ _____ CITY: _____ ZIP: _____ Home: _____ Cell: _____ Email: _____
Commission on Children & Youth A) Educator of the Year B) Poppy Chairman Name: _____ Post # _____ Mbrship # _____	Address: _____ _____ CITY: _____ ZIP: _____ Home: _____ Cell: _____ Email: _____
Commission on Department Convention Name: _____ Post # _____ Mbrship # _____	Address: _____ _____ CITY: _____ ZIP: _____ Home: _____ Cell: _____ Email: _____

<p>Commission on Finance</p> <p>Name:_____</p> <p>Post #_____ Mbrship #_____</p>	<p>Address:_____</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>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>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>CITY: _____ ZIP: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Email: _____</p>

<p>Commission on National Security / Governmental Affairs A) Law & Order & Homeland Security</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>B) 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>

<p>A) Health Administration & Hospital Liaison 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>CITY:_____ ZIP:_____</p> <p>Home:_____</p> <p>Cell:_____</p> <p>Email:_____</p>
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<p>A) Health Administration & Hospital Liaison 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>CITY:_____ ZIP:_____</p> <p>Home:_____</p> <p>Cell:_____</p> <p>Email:_____</p>
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<p>B) Ancillary Committee</p> <p>Name:_____</p> <p>Post #_____ Mbrship #_____</p>	<p>Address:_____</p> <p>CITY:_____ ZIP:_____</p> <p>Home:_____</p> <p>Cell:_____</p> <p>Email:_____</p>
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<p>C) VA VS Volunteer Services Medical Centers – <u>Deputy:</u> New Orleans – Dists 1, 2, 3 & 6; Shreveport – Dists 4 & 5; Alex – Dist 8</p> <p>Name:_____</p> <p>Post #_____ Mbrship #_____</p>	<p>Address:_____</p> <p>CITY:_____ ZIP:_____</p> <p>Home:_____</p> <p>Cell:_____</p> <p>Email:_____</p>
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Blood Bank Committee Name: _____ Post # _____ Mbrship # _____	Address: _____ _____ CITY: _____ ZIP: _____ Home: _____ Cell: _____ Email: _____
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Veterans Preference, Education & Employment Committee Name: _____ Post # _____ Mbrship # _____	Address: _____ _____ CITY: _____ ZIP: _____ Home: _____ Cell: _____ Email: _____
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Boys State Commission Name: _____ Post # _____ Mbrship # _____	Address: _____ _____ CITY: _____ ZIP: _____ Home: _____ Cell: _____ Email: _____
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Commission on American Legion Baseball Name: _____ Post # _____ Mbrship # _____	Address: _____ _____ CITY: _____ ZIP: _____ Home: _____ Cell: _____ Email: _____
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FORM COMPLETED BY:_____

CONTACT #_____

DATE: _____

2025-2026 OfficeWide/2025-2026 Reports, Forms & Documents/Dist Appts Cmte Comm/02-06-25