DISTRICT COMMISSIONS/COMMITTEES 2025-2026 MANDATORY FOR ROSTER

DISTRICT #:	NAME, ADDRESS
	PHONE, E-MAIL, ETC
	**** FILL OUT COMPLETELY ****

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

File: Office Wide/2025-2026 Reports & Forms & Docs/District Appts Cmte & Comm/revised 03-05-25

Boy Scout / Junior R.O.T.C. Committee	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:
POW/MIA / Gold Star Banner & Tack Cmte	
Name:	Address:
	CITY:ZIP:
	Home:
Post # Mbrship #	Cell:
	Email:
Commission on Children & Youth A) Educator of the Year B) Poppy Chairman	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:
Commission on Department Convention	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:
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Commission on Finance	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
Committee on Ways & Means	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home:
	Email:
Commission on Internal Affairs	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:
CBL's / Rules & Procedures Committee	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:

Commission on National Security / Governmental Affairs A) Law & Order & Homeland Security	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:
B) Committee on Legislation	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
Commission on Media & Communications	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:
Commission on Veterans Affairs & Rehabilitation	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:

A) Health Administration & Hospital	
Liaison Committee - Representative Ancillary Committee/Districts 2, 4, 5, 6, 7 only	
inclinary commetee Districts 2, 4, 5, 6, 7 only	
Name:	Address:
	CHENY
Post # Mbrship #	CITY: ZIP:
1 0st # Wibi sinp #	Home:
	Email:
	T
A) Health Administration & Hospital Liaison Committee - <u>Deputy</u>	
Ancillary Committee/Districts 2, 4, 5, 6, 7 only	
inclinary committee Districts 2, 4, 5, 6, 7 only	
Name:	Address:
	CHTY. ZID.
Post # Mbrship #	CITY: ZIP:
1 ost # wibi sinp #	Home:
	Email:
B) Ancillary Committee	
Name	Adduser
Name:	Address:
	CITY: ZIP:
	Home:
Post # Mbrship #	Cell:
	Emaile
	Email:
C) VA VS Volunteer Services Medical	
Centers – Deputy: New Orleans – Dists 1, 2, 3	
& 6; Shreveport – Dists 4 & 5; Alex – Dist 8	
_	
Name:	Address:
	CITY:ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:

Blood Bank Committee	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
Veterans Preference, Education & Employment Committee	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
Boys State Commission	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
Commission on American Legion Baseball	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:

FORM COMPLETED BY:	
CONTACT #	
DATE:	
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