

20__ - 20__ S.A.L. DISTRICT OFFICER CERTIFICATION FORM

To: Department Adjutant

From: _____
(District Number)

(Date)

IMPORTANT-PRINT OR TYPE COMPLETE MAILING ADDRESS AND ZIP CODE FOR EACH OFFICER

District Commander

Name: _____ ID #: _____
Address: _____ City / Zip: _____
Primary Phone: _____ Alt Phone: _____
Please check type Cell ___ Home ___ Cell ___ Home ___
Email: _____

District Adjutant

Name: _____ ID #: _____
Address: _____ City / Zip: _____
Home Phone: _____ Cell Phone: _____
Please check type Cell ___ Home ___ Cell ___ Home ___
Email: _____

** District Advisor

MUST HAVE THIS INFORMATION!!

Name: _____ ID #: _____
Address: _____ City / Zip: _____
Home Phone: _____ Cell Phone: _____
Please check type Cell ___ Home ___ Cell ___ Home ___
Email: _____
