

CERTIFICATION OF S. A. L. DIVISION OFFICIALS
200_-200_

TO: Department Adjutant, The American Legion, PO Box 140527 Austin, TX 78714-0527
Officials elected to serve _____ Texas for the year _____
(District Number)

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

COMMANDER

ID #

Address

Ph:

VICE COMMANDER

ID #

Address

Ph:

ADJUTANT

ID #

Address

Ph:

FINANCE OFFICER

ID #

Address

SERGEANT-AT-ARMS

ID #

Address

CHAPLAIN

ID #

Address

HISTORIAN

ID #

Address

JUDGE ADVOCATE

ID #

Address

DIVISION ADVISOR

ID #

Address

Mailing address for Squadron _____

e-mail address: _____

Certified By _____
Division Adjutant