

20\_\_ - 20\_\_ S.A.L. DIVISION OFFICER CERTIFICATION FORM

TO: Department Adjutant, The American Legion, PO Box 140527, Austin, TX 78714

Officials elected to serve Division No. \_\_\_\_\_, Texas for the year \_\_\_\_\_

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

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**Division Commander**

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

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**Division Adjutant**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Please check type Cell \_\_\_ Home \_\_\_ Cell \_\_\_ Home \_\_\_  
Email: \_\_\_\_\_

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**\*\* Division Advisor**

**MUST HAVE THIS INFORMATION!!**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Please check type Cell \_\_\_ Home \_\_\_ Cell \_\_\_ Home \_\_\_  
Email: \_\_\_\_\_

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