

DIVISION/DISTRICT COMMANDER QUESTIONNAIRE
(PLEASE PRINT)

FULL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME _____ WORK _____

FAX _____ CELL _____ EMAIL _____

MEMBER ID # _____ DEPARTMENT OF _____

POST # _____ LOCATION _____

DISTRICT/DIVISION _____ CAP SIZE _____

OCCUPATION _____ DATE OF BIRTH _____

FULL NAME OF SPOUSE _____

MILITARY SERVICE:

BRANCH _____ SERVICE DATES _____ TO _____

CHARACTER OF DISCHARGE _____

SERIAL # _____ SOCIAL SECURITY # _____

PLACE OF BIRTH _____

YEAR JOINED THE AMERICAN LEGION _____ WHICH POST _____

ACTIVITIES/OFFICES IN THE AMERICAN LEGION _____

MEMBERSHIP IN OTHER ORGANIZATIONS _____

YOUR PERSONAL GOAL FOR DISTRICT/DIVISION MEMBERSHIP _____

(OVER)

COMMENTS OR SUGGESTIONS _____

INSURANCE INFORMATION:

DRIVERS LICENSE # _____ STATE _____
BENEFICIARY _____ RELATIONSHIP _____

I do not subscribe to the principles of any group opposed to our form of government. I certify that I did not refuse on conscientious, political, or other grounds to subject myself to military discipline or unqualified service during the period I was in the Armed Forces of The United States.

Signature

Date

TITLE _____

PLEASE COMPLETE AND RETURN TO DEPARTMENT HEADQUARTERS.