



SONS OF THE  
AMERICAN  
LEGION



## DETACHMENT OF CALIFORNIA – CERTIFICATION OF DISTRICT OFFICERS

Officials elected to serve District No. \_\_\_\_\_ Area \_\_\_\_\_ for the Legion Year 2024-2025  
(Number) (Number)

District name \_\_\_\_\_ Meeting dates \_\_\_\_\_

Rate of annual District dues \$ \_\_\_\_\_ Due date \_\_\_\_\_

Dist. CDR \_\_\_\_\_ Membership No. \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_

Zip code \_\_\_\_\_ Best phone \_\_\_\_\_ Email \_\_\_\_\_

Dist. ADJ \_\_\_\_\_ Membership No. \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_

Zip code \_\_\_\_\_ Best phone \_\_\_\_\_ Email \_\_\_\_\_

Dist. Legion Advisor \_\_\_\_\_ Membership No. \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_

Zip code \_\_\_\_\_ Best phone \_\_\_\_\_ Email \_\_\_\_\_

Official address for

District notification to \_\_\_\_\_

\_\_\_\_\_ CA \_\_\_\_\_

(Address)

(City)

(Zip)

Certified by:

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Title)

\_\_\_\_\_

(Date)

CERTIFICATION OF DISTRICT OFFICERS - TO BE FILED WITH DET ADJ OFFICE