



SONS OF THE
AMERICAN
LEGION



DETACHMENT OF CALIFORNIA – CERIFICATION OF DISTRICT OFFICERS

Officials elected to serve District No. _____ Area _____ for the Legion Year 20____-20____
(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