

REQUEST FOR DEPARTMENT COMMANDER COMMITTEE APPOINTMENT

MAIL TO: Department Commander
The American Legion
212 N. Verlinden Ave.
Lansing, MI 48915

FAX TO: 517-371-2401
OR EMAIL TO: kim@michiganlegion.org

DATE: _____

LEGIONNAIRE SUBMITTED

NAME: _____

ADDRESS: _____

CITY & STATE: _____ ZIP: _____

HOME PHONE (____) _____ BUSINESS (____) _____

CELL (____) _____ E-MAIL ADDRESS: _____

APPOINTMENT REQUESTED

1ST CHOICE: _____ 2ND CHOICE: _____

Requested by Applicant? Yes No
Requested by Post Commander? Yes No

LEGION INFORMATION

Years of continuous Legion membership: _____

Post Name and Number: _____ District No. ____ Zone No. ____

Active in Post Yes No Active in Zone Yes No

Active in District Yes No Active in Department Yes No

SERVICE RECORD

Date of Enlistment ____/____/____ Date of Discharge ____/____/____

Rank and Branch of Service _____

ALL PAST LEGION OFFICES HELD AT ALL LEVELS

1. _____ Level _____ 4. _____ Level _____

2. _____ Level _____ 5. _____ Level _____

3. _____ Level _____ 6. _____ Level _____

COMMITTEES HELD AT ALL LEVELS

1. _____ Level _____ 4. _____ Level _____

2. _____ Level _____ 5. _____ Level _____

3. _____ Level _____ 6. _____ Level _____