

THE AMERICAN LEGION
DEPARTMENT OF ILLINOIS

NO CARBON REQUIRED

DISTRICT COMMANDERS:

Submit to Division Commander prior to Division Organizational Meeting. Retain pink copy.

DIVISION COMMANDERS:

Submit to Department Commander upon request. Retain yellow copy.

DEPARTMENT:

Retain white copy.

Department Commission-Committee Appointment Recommendation

_____ Commission/Committee

Recommended for: Chairman _____ Vice Chairman _____ Member _____

Name _____ (_____)
First Middle Last Spouse

Member Identification No. _____

Address _____

City _____ Zip Code _____

Business Phone _____ Home Phone _____

Post Name _____ Post Number _____

District Number _____ Division Number _____ County _____

Military Service:

W.W. I _____ W.W. II _____ Korea _____ Vietnam _____

Granada/Lebanon _____ Panama _____ Persian Gulf _____

Summary of past Legion activities: _____

Summary of experience which qualifies candidate for appointment: _____

Date of Recommendation _____

Recommended by:

District Commander

Division Commander

Approved for:

Chairman _____ Vice Chairman _____ Member _____

Department Commander