

**CERTIFICATION FORM
DISTRICT COMMANDER ACHIEVEMENT AWARD
and DISTRICT HONOR RIBBON**

TO: Membership Division
The American Legion
P.O. Box 1055
Indianapolis, IN 46206

I certify the following information concerning District membership for the previous membership year and current membership year in this Department is correct.

Department Adjutant

Department

Date

NOTE: Report only those Districts **exceeding** their previous year's membership by at least the number of Posts in the District.

USE THIS FORM AS A COVER FOR ATTACHED SHEETS WITH THE FOLLOWING INFORMATION:

- 1.) District Commander's name **and** address
- 2.) District name or number
- 3.) District final previous year membership as of December 31
- 4.) Number of Posts in District
- 5.) District current year membership as of May Target Date

MAIL ON OR BEFORE LAST DAY OF MAY