

# ANNUAL DEPARTMENT CONVENTION

Send to Dept. HQ  
Retain one for your records

## The American Legion, Department of Illinois

SPRINGFIELD, IL

DISTRICT No. \_\_\_\_\_

# DEPARTMENT LIAISON COMMITTEES

Please complete and return the form to the Department Adjutant by the Close of Books

*See Article V, Section 7, 8.1, and 8.5*

| COMMITTEE                                      | NAME | COMPLETE ADDRESS | POST No. |
|--|------|------------------|----------|
| RULES  |      |                  |          |
| CREDENTIALS, CONTESTS,<br>AND INTERNAL AFFAIRS |      |                  |          |
| AMERICANISM                                    |      |                  |          |
| CHILDREN & YOUTH                               |      |                  |          |
| JUDICIARY                                      |      |                  |          |
| LEGISLATION                                    |      |                  |          |
| NATIONAL SECURITY                              |      |                  |          |
| NOMINATION OF<br>DELAGATES AT LARGE            |      |                  |          |
| REHABILITATION                                 |      |                  |          |
| RESOLUTIONS                                    |      |                  |          |
| VETERANS EMPLOYMENT<br>& EDUCATION             |      |                  |          |

I certify that the above members were appointed to act on the above Committee for the \_\_\_\_\_ District.

\_\_\_\_\_  
District Commander