



SONS OF THE AMERICAN LEGION
DETACHMENT OF CALIFORNIA
CERTIFICATION OF DISTRICT OFFICIALS



FOR LEGION YEAR _____ TO _____

Officials Elected To Serve District Number: _____ Area: _____ Detachment of CA
District Name: _____ at _____
District Meeting Date: _____ at _____
District Meeting Location: _____
Annual Per Capita: _____ Per Capita Due Date: _____

IMPORTANT - PLEASE PRINT OR TYPE

Complete Name, Phone Number, Mailing, And E-Mail Address For Each Officer Listed.

Commander:

(District Commander's Full Name) (Membership Number)
(Home Address) (City) (state) (Zip+4)
(Home Telephone Number) (Cell Or Other Telephone Number) (E-Mail Address)

Adjutant:

(District Adjutant's Full Name) (Membership Number)
(Home Address) (City) (State) (Zip+4)
(Home Telephone Number) (Cell Or Other Telephone Number) (E-Mail Address)

Advisor:

(District Advisor's Full Name) (Legion Membership Number)
(Home Address) (City) (State) (Zip+4)
(Home Telephone Number) (Cell Or Other Telephone Number) (E-Mail Address)

Official Address For District Notifications

(Mail To)
(Address) (City) (State) (Zip+4)
(Certified By) (Title) (Date)

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INSTRUCTIONS FOR THIS FORM

PLEASE PRINT CLEARLY!

This form is a WEB-PDF FORM. You may complete the form online. You must PRINT and mail/fax the form to one of the addresses below. This form will not be electronically sent anywhere!

This form must be completely filled out and all information is required. All information will be kept confidential by the Department/Detachment of California.

Please remember that this is a **CERTIFICATION** and certain information is required per Department/Detachment policy.

Membership Numbers are **REQUIRED** or the form will be invalid.

Please provide **HOME ADDRESSES** and **HOME TELEPHONE NUMBERS** where requested. This information is required for notification purposes. By providing your correct E-Mail address you will be assured of receiving notifications in a timely manner.

Per Capita amount is **REQUIRED** or the form will be invalid.

Un-signed forms will be considered invalid.

This form must be mailed to:

**ATTN: Detachment Adjutant
S.A.L. Detachment of California
401 Van Ness Avenue, Suite 117
San Francisco, California 94102-4587**

You may FAX this form with a cover sheet to:

**Detachment Adjutant
S.A.L. Detachment of California
415 255-1571**

Certification of District Officials