



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



FOR LEGION YEAR _____ TO _____

Officials Elected To Sel've Distl'ictNumber: _____ Area: _____ Detachment of CA
(Number) (Number)

District Name: _____ at _____
(District Name) (County Located In) (State)

District Meeting Date: _____ at _____
(day(s) - date(s)) (time)

District Meeting Location: _____
(Address 0 1 - Location Name - Post# Etc)

Annual Per Capita: _____ **Per Capita Due Date:** _____
(Amount) (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 Ad'is or's Full Name) _____ (Legion Membership Number)
 _____ (Home Address) _____ (City) _____ (State) _____ (Zip+4)
 _____ (Home Telephone Number) _____ (Cell Or Other Telephone Number) _____ (E-Mail Address)

**Official Addl'ess Fol'
District Notifications**

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

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

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
1601 7th St.
Sanger, CA 93657**

You may FAX this form with a cover sheet to:

**Detachment Adjutant S.A.L.
Detachment of California
559.272.5157**

Certification of District Officials