

Sons of the American Legion Detachment of California

DETACHMENT EXECUTIVE COMMITTEE MEETING: _____
(ORIGINATING BODY) (DATE & CITY)

OR
DETACHMENT CONVENTION ASSEMBLED: _____
(ORIGINATING BODY) (CONVENTION NUMBER – DATE & CITY)

Resolution

No: _____ **Title:** _____
(ASSIGNED NO.) (TITLE OF RESOLUTION)

Origin: _____

WHEREAS,

TO BE FILLED IN BY THE RESOLUTIONS CHAIRMAN	
Approval Recommended:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Referral to Convention:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
_____	_____
(Signature of Resolutions Chairman)	(Date)

(Author & Title) (Date)

(Approval Signature – Detachment) (Date)

(Approval Signature – Department of CA / SAL Commission) (Date)