



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

**FOR LEGION YEAR** 200 TO 200

Officials elected to serve District No: \_\_\_\_\_ Area \_\_\_\_\_ Detachment of California  
(number) (number)

District Name: \_\_\_\_\_ at \_\_\_\_\_  
(District name) (county located in) (state)

District Caucus Date: \_\_\_\_\_ at \_\_\_\_\_  
(day[s] - date[s]) (time)

District Caucus Location: \_\_\_\_\_  
(address or location name - Post# etc)

Annual Per Capita: \_\_\_\_\_ Per Capita Due Date: \_\_\_\_\_  
(amount) (date)

**IMPORTANT - Please Print or Type (all fields are required)**  
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)



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

**INSTRUCTIONS FOR THIS FORM**

Please print clearly.

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.

Dues amounts are **REQUIRED** or the form will be invalid.

Your preprinted membership cards will not be issued if these instructions are not followed.

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**