DISTRICT COMMISSIONS/COMMITTEES 2023-2024 MANDATORY FOR ROSTER

DISTRICT #:	NAME, ADDRESS
	PHONE, E-MAIL, ETC
	**** FILL OUT COMPLETELY ****

Commission on Americanism	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
Oratorical Contest Committee	Address:
Name:	CITY:ZIP:
Post # Mbrship #	Home:Cell:
Sons of The American Legion Committee	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:

File: Office Wide/2023-2024 Reports and Forms/District Appointments and Hats/revised 02-20-23

Boy Scout / Junior R.O.T.C. Committee	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:
POW/MIA / Gold Star Banner & Tack Cmte	
Name:	Address:
	CITY: ZIP:
	Home:
Post # Mbrship #	Cell:
	Email:
Commission on Children & Youth	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
1050 n	Cell:
	Email:
Commission on Department Convention	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:
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Commission on Finance	
Name:	Address:
Post # Mbrship #	CITY: ZIP:
	Cell:
Committee on Ways & Means	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:
Commission on Internal Affairs	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:
CBL's / Rules & Procedures Committee	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:

Commission on National Security / Governmental Affairs	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
Committee on Legislation	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
Commission on Media & Communications	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Dilan.
Commission on Veterans Affairs & Rehabilitation	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:

Health Administration Committee - Representative	
Ancillary Committee/Districts 2, 4, 5, 6, 7 only	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:
Health Administration Committee - <u>Deputy</u> Ancillary Committee/Districts 2, 4, 5, 6, 7 only	
Name:	Address:
Post # Mbrship #	CITY: ZIP: Home: Cell:
	Email:

V A Medical Centers - Representatives	
New Orleans – Districts 1, 2 & 3	
Shreveport – Districts 4 & 5	
Alexandria – District 8	
Alexandria – District 8	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Emaile
	Email:
V A Medical Centers - <u>Deputy</u>	
New Orleans – Districts 1, 2 & 3	
Shreveport – Districts 4 & 5	
Alexandria – District 8	
Alexandria – District o	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	cen.
	Emaile
	Email:
Blood Bank	
2.000 20	
Nome	Addragge
Name:	Address:
	CVIIV
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:

Veterans Preference, Education &	
Employment Committee	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:
Commission on American Legion Boys State	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:
Commission on American Legion Baseball	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:
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FORM COMPLETED BY:	
CONTACT #	
DATE:	