DISTRICT COMMISSIONS/COMMITTEES 2022-2023 MANDATORY FOR ROSTER

DISTRICT	#:

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

Commission on Americanism	
	Address:
Name:	CHEV
Post # Mbrship #	CITY: ZIP:
rost # wibiship #	Home:
	Cen
	Email:
Oratorical Contest Committee	
Oratorical Contest Committee	Address:
Name:	71441 C55
	CITY:ZIP:
	Home:
	Cell:
Post # Mbrship #	l
	Email:
Sons of The American Legion Committee	
Sons of The American Legion Committee	Address:
Name:	11441655
	CITY:ZIP:
Post # Mbrship #	Home:
	Cell:
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	Email:
Roy Scout / Lunior R () T (* Committee	
Boy Scout / Junior R.O.T.C. Committee	Address:
	Address:
Name:	Address: CITY: ZIP:
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Name:	CITY: ZIP: Cell:
Name:	CITY: ZIP:
Name: Post # Mbrship #	CITY: ZIP: Cell:
Name:	CITY: ZIP: Home: Cell:
Name: Mbrship # Post # Mbrship # POW/MIA / Gold Star Banner & Tack Cmte	CITY: ZIP: Cell:
Name: Post # Mbrship #	CITY: ZIP: Home: Cell:
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Name: Mbrship # POW/MIA / Gold Star Banner & Tack Cmte Name: Post # Mbrship # Commission on Children & Youth	CITY: ZIP:
Name: Mbrship # POW/MIA / Gold Star Banner & Tack Cmte Name: Post # Mbrship # Commission on Children & Youth Name:	CITY: ZIP: Home:
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File: Office Wide/2021-2022 Reports and Forms/District Appointments and Hats/revised 03-11-22

Commission on Department Convention	
Name:	_ Address:
	CITY:ZIP:
Post # Mbrship #	
	Cell:
	Email:
Commission on Finance	
Name:	_ Address:
	CITY: ZIP:
Post # Mbrship #	
	Cell:
	Email:
Committee on Ways & Means	
Name:	_ Address:
	CITY: ZIP:
Post # Mbrship #	
	Cell:
	Email:
Commission on Internal Affairs	
Name:	_ Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Email:
CBL's / Rules & Procedures Committee	
Name:	_ Address:
Post # Mbrship #	CITY: ZIP:
	Cell:
	Email:
Commission on National Security / Governmental Affairs	
Name:	_ Address:
	CITY:ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:

Committee on Legislation	
NI	A 3 3
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:
Commission on Media & Communications	
Name:	Address:
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:
Commission on Veterans Affairs & Rehabilitation	
Name:	Address:
D (// DAI 1: //	CITY: ZIP:
Post # Mbrship #	Home:
	Email:
Health Administration Committee -	
Representative	
Ancillary Committee/Districts 2, 4, 5, 6, 7 only	Address:
Name:	
Post # Mbrship #	CITY: ZIP: Home:
105t #1015mp #	Cell:
	Email:
Health Administration Committee - Deputy	
Ancillary Committee/Districts 2, 4, 5, 6, 7 only	Address:
Name:	Audiess
	CITY: ZIP:
Post # Mbrship #	Home:
	Cell:Email:
V A Medical Centers - Representatives	
New Orleans – Districts 1, 2 & 3	
Shreveport – Districts 4 & 5 Alexandria – District 8	Address:
Name:	CITY:ZIP:
Post # Mbrship #	Home:
	Cell:
	Email:

V A Medical Centers - Deputy New Orleans - Districts 1, 2 & 3 Shreveport - Districts 4 & 5 Alexandria - District 8 Name: Post # Mbrship #	Address: CITY: ZIP: Home: Cell:
Blood Bank	Address: CITY: ZIP: Home: Cell:
Veterans Preference, Education & Employment Committee Name: Post # Mbrship #	Address: CITY: ZIP: Home: Cell:
Commission on American Legion Boys State Name: Post # Mbrship #	Address: ZIP: Home: Cell:
Commission on American Legion Baseball Name: Post # Mbrship #	Address: ZIP: CITY: ZIP: Home: Cell:
FORM COMPLETED BY: CONTACT # DATE:	