

**DIVISION/DISTRICT COMMANDER QUESTIONNAIRE**  
(PLEASE PRINT)

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_

FAX \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MEMBER ID # \_\_\_\_\_ DEPARTMENT OF \_\_\_\_\_

POST # \_\_\_\_\_ LOCATION \_\_\_\_\_

DISTRICT/DIVISION \_\_\_\_\_ CAP SIZE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FULL NAME OF SPOUSE \_\_\_\_\_

MILITARY SERVICE:

BRANCH \_\_\_\_\_ SERVICE DATES \_\_\_\_\_ TO \_\_\_\_\_

CHARACTER OF DISCHARGE \_\_\_\_\_

SERIAL # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

YEAR JOINED THE AMERICAN LEGION \_\_\_\_\_ WHICH POST \_\_\_\_\_

ACTIVITIES/OFFICES IN THE AMERICAN LEGION \_\_\_\_\_

\_\_\_\_\_

MEMBERSHIP IN OTHER ORGANIZATIONS \_\_\_\_\_

\_\_\_\_\_

YOUR PERSONAL GOAL FOR DISTRICT/DIVISION MEMBERSHIP \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OVER)

COMMENTS OR SUGGESTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSURANCE INFORMATION:

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
BENEFICIARY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

I do not subscribe to the principles of any group opposed to our form of government. I certify that I did not refuse on conscientious, political, or other grounds to subject myself to military discipline or unqualified service during the period I was in the Armed Forces of The United States.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TITLE \_\_\_\_\_

PLEASE COMPLETE AND RETURN TO DEPARTMENT HEADQUARTERS.