

DEPARTMENT OFFICER RECOMMENDATIONS
2016-2017

DISTRICT NO.

NOTE: THIS FORM MUST BE RETURNED TO HEADQUARTERS NO LATER THAN, JULY 1, 2016!

(Recommend only Legionnaires from YOUR DISTRICT)

JUDGE ADVOCATE	NAME_____POST NO._____ ADDRESS_____ _____BRANCH OF SERVICE_____ TELEPHONE_____
PARLIAMENTARIAN	NAME_____POST NO._____ ADDRESS_____ _____BRANCH OF SERVICE_____ TELEPHONE_____
HISTORIAN	NAME_____POST NO._____ ADDRESS_____BRANCH OF SERVICE_____ _____ TELEPHONE_____
SERGEANT-AT-ARMS	NAME_____POST NO._____ ADDRESS_____ _____BRANCH OF SERVICE_____ TELEPHONE_____
ASSISTANT SERGEANT-AT-ARMS (only one recommendation per District)	NAME_____POST NO._____ ADDRESS_____BRANCH OF SERVICE_____ _____ TELEPHONE_____

SIGNATURE_____DATE_____
(District Commander)