

DEPARTMENT OFFICER RECOMMENDATIONS
2017-2018

DISTRICT NO. _____

NOTE: THIS FORM MUST BE RETURNED TO HEADQUARTERS NO LATER THAN, JULY 1, 2017!

(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)