DISTRICT COMMISSIONS/COMMITTEES
2025-2026
MANDATORY FOR ROSTER

DISTRICT #:_____

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

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

Boy Scout / Junior R.O.T.C. Committee **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____
POW/MIA / Gold Star Banner & Tack Cmte **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____
Commission on Children & Youth **A) Educator of the Year** **B) Poppy Chairman** **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____
Commission on Department Convention **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____

Commission on Finance **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____
Committee on Ways & Means **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____
Commission on Internal Affairs **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____
CBL's / Rules & Procedures Committee **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____

Commission on National Security / Governmental Affairs **A) Law & Order & Homeland Security** **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____
B) Committee on Legislation **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____
Commission on Media & Communications **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____
Commission on Veterans Affairs & Rehabilitation **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____

A) Health Administration & Hospital Liaison Committee -<u>Representative</u> **Ancillary Committee/Districts 2, 4, 5, 6, 7 only** **Name:_____** **Post #_____ Mbrship #_____**	**Address:_____** **_____** **CITY: _____ ZIP:_____** **Home:_____** **Cell:_____** **Email:_____**

A) Health Administration & Hospital Liaison Committee - <u>Deputy</u> **Ancillary Committee/Districts 2, 4, 5, 6, 7 only** **Name:_____** **Post #_____ Mbrship #_____**	**Address:_____** **_____** **CITY: _____ ZIP:_____** **Home:_____** **Cell:_____** **Email:_____**
B) Ancillary Committee **Name:_____** **Post #_____ Mbrship #_____**	**Address:_____** **_____** **CITY: _____ ZIP:_____** **Home:_____** **Cell:_____** **Email:_____**
C) VA VS Volunteer Services Medical Centers – <u>Deputy:</u> New Orleans – Dists 1, 2, 3 & 6; Shreveport – Dists 4 & 5; Alex – Dist 8 **Name:_____** **Post #_____ Mbrship #_____**	**Address:_____** **_____** **CITY: _____ ZIP:_____** **Home:_____** **Cell:_____** **Email:_____**

Blood Bank Committee **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____

Veterans Preference, Education & Employment Committee **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____
Boys State Commission **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____
Commission on American Legion Baseball **Name:**_____ **Post #**_____ **Mbrship #**_____	**Address:**_____ _____ **CITY:** _____ **ZIP:**_____ **Home:**_____ **Cell:**_____ **Email:**_____

FORM COMPLETED BY:_____

CONTACT #_____

DATE: _____

2025-2026 OfficeWide/2025-2026 Reports, Forms & Documents/Dist Appts Cmte Comm/02-06-25