

The American Legion
 Department of New York
 112 State St Suite 1300 Albany, NY 12207
DISTRICT CHAIRMAN RECOMMENDATIONS 2018-2019
MUST be received no later than **AUGUST 1, 2018**

The following District recommendations, upon approval of the Department Commander, are automatic appointments as members of Department Committees 2018-2019

District: _____ Commander: _____

Committee	Name/Address	Phone/Email *
Americanism		
Back to God		
Baseball		
Blood Donor		
Bowling		
Boys' State		
Children & Youth		
Contest Adv & Awards		
Convention		
Distinguish Guests		
Ed & Scholarship		
Employment		
Energy & Conservation		
Family College		
Finance		
Foreign Relations		
Golf		
Homeland Security & Civil Preparedness		
Jr. Shooters		
Law & Order		
Legionnaire of the Year		
Legislative		

Membership		
MIA Liaison		
National Security		
Oratorical		
Protocol Consultant		
P.R.- Media & Communications		
VS – Veteran Services		
VAVS Vet. Affair Vol. Serv.		
WINAL		
Riders		
Scouting		
Vet Cemeteries		

I hereby certify that all of the above officials are eligible for membership in The American Legion and have the consequent right to serve in an official capacity.

Date: _____

Signed _____ **Title** _____

Email _____ **Phone** _____

*A working email is needed for all names. Please print legibly