



# The American Legion

*Department of Florida*

## District Chairman Certification

I, \_\_\_\_\_, accept the invitation to be the \_\_\_\_\_ District  
\_\_\_\_\_ Chairman for the 2017-2018 Legion year.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



For use in the Department Roster, below is my current contact information:

Member ID#  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone:  
\_\_\_\_\_

(NOTE: The # you provide will appear in the Department Roster. Please include your preferred telephone number i.e. cell vs. home)

Email address: \_\_\_\_\_

*Keep the attached Job Description for your records.*  
**RETURN ONLY THE CERTIFICATION FORM TO DEPARTMENT.**