

CERTIFICATION FORM

DISTRICT COMMANDER ACHIEVEMENT AWARD AND DISTRICT HONOR RIBBON

TO: The American Legion
Attn: Membership Division
P.O. Box 1055
Indianapolis, IN 46206

I certify the following information concerning district membership for the previous membership year and current membership year in this department is correct.

Department adjutant

Department

Date

Mail this form on or before the last day of May.

Note: Report only those districts exceeding their previous year's membership by at least the number of posts in the district.

Use this form as a cover for attached sheets with the following information:

- District commander's name and address
- District name or number
- District final previous year membership as of December 31
- Number of posts in district
- District current year membership as of May target date