



**District/County Commander Questionnaire**  
 Membership Year: \_\_\_\_\_

Last Name:	First Name & MI:
Street Address:	City/State/Zip:
Home Phone:	Email Address(es):
Member ID Number:	Post Number:
District/County:	Department:
Occupation:	Date of Birth:
Dates of Active Duty:	Branch of Service:
Spouse's Full Name (if married):	
Membership in other organizations:	
Write your own short personal goal as District or County Membership:	
Comments or Suggestions:	

*Complete and submit the form online through the Personify (PGo) membership system or return completed form(s) to:*

**The American Legion**  
**Internal Affairs & Membership Division**  
**PO Box 1055**  
**Indianapolis, IN 46206**  
**E-mail: [membership@legion.org](mailto:membership@legion.org)**  
**Fax: (317) 630-1413**

**RETURN WITHIN TWO WEEKS AFTER ELECTIONS**