



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
Fax: (317) 630-1413

RETURN WITHIN TWO WEEKS AFTER ELECTIONS