

CERTIFICATION FORM

# 100% DISTRICT COMMANDER PIN

This recognition, in the form of a specially designed cap/lapel pin and certificate, is for any district commander (or similar county or parish commander) who accomplishes 100 percent of his or her assigned membership goal by December 31 of the membership year.

Department adjutants may nominate their district commanders by name at any time before January 31 of the following membership year, and may use this form at any time to certify one or more winners.

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

Date \_\_\_\_\_

The Department of \_\_\_\_\_ requests 100% District Commander Pins for the following district commander(s) for meeting or exceeding assigned membership goals for membership year \_\_\_\_\_.

Commander	District	Number goal	Number attained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Department adjutant

\_\_\_\_\_  
Department

Pins and certificates will be shipped directly to the department for presentation at an appropriate ceremony.

**DUPLICATE FORM AS NECESSARY**