

**Sons of The American Legion Detachment of Tennessee District Commanders
ELECTION CERTIFICATION FORM**

The following _____ District Commander was elected at the _____ District Convention of the Sons of The American Legion, Detachment of Tennessee. This meeting was held in conjunction with the _____ District Convention of The American Legion, Department of Tennessee, at _____, Post # _____ on ___/___/20____.

OFFICER INFORMATION (Please Print)

● **ID Number:** _____

● **Full Name:**

(First Name, Middle Initial, Last Name)

● **Mailing Address:**

(Include City, State, and Zip Code)

● **Phone:** _____ **Email:** _____

IV. ATTESTATION

_____ Senior or Presiding Department Officer & Title

----- OR -----

_____ Senior or Presiding Detachment Officer & Title