

Resolution Form

THIS FORM MUST BE FILLED OUT IN TRIPLICATE

All copies are to be submitted to the Detachment Adjutant under the proper time restrictions.

DETACHMENT HEADQUARTERS, SONS OF THE AMERICAN LEGION

Detachment Executive Committee Meeting (date) _____

(or) Detachment Convention Assembled (date) _____

Resolution No. _____

TITLE: _____

If necessary, Please use additional paper to complete your resolution/s

Submitted by: _____

Chairman, Committee, Squadron, Etc.

Received by: _____

Detachment Adjutant

To be filled out by Resolutions Chairman

Approval _____ Rejected _____ Refer to _____ Other Action _____

Chairman's Signature _____

Send to: **DETACHMENT ADJUTANT**

P O BOX 388

PORTAGE, WI 53901-0388