

**Sons of The American Legion Detachment of Wisconsin
Official Candidate Resume Form**

*Affix
Photograph
Here*

Candidate for the office of _____

Name _____

Address _____ City _____

Phone number _____

E-mail Address _____

Squadron Number _____ Squadron City _____

Continual Years as a member of the Sons _____

Squadron Offices Held _____

Squadron Committees/Commissions Held _____

County Offices Held _____

County Committees/Commissions Held _____

District Offices Held _____

District Committees/Commissions Held _____

Detachment Offices Held _____

Detachment Committees/Commissions Held _____

National Offices Held _____

National Committees/Commissions Held _____

Training completed The American Legion Extension Institute, The National Management Institute
 The Children's Action Team Certification, _____, _____

Additional Involvement and Comments _____

Signed by Candidate

Squadron Commander or Post Commander

Validated by the Election Judge