



American Legion Auxiliary

Department of Minnesota
State Veterans Service Building
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Toll Free 1-888-217-9598 Email – deptoffice@mnala.org

April 16, 2018

TO: DISTRICT CHAIRMEN

RE: CERTIFICATE OF MERIT RECOMMENDATIONS

You have been asked to select up to twenty-five (25) of your Unit reports for consideration for Certificates of Merit by your Department Chairmen. You may select up to five in each membership category, plus an additional five regardless of their membership if they also merit consideration and the membership category is full. Please use this form in reporting your recommendations. **Return one copy of this form and a copy of the Annual Report plus anything attached to them** of the Unit reports that you are recommending when you send in your District annual reports postmarked **May 2nd**. Be certain to include the Unit # and location. The duplicate copy is for your records.

NAME OF PROGRAM _____

Units (50 and under membership)

| | Number | Location | District |
|----|--------|----------|----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Units (101-200 membership)

| | Number | Location | District |
|----|--------|----------|----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Units (51-100 membership)

| | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Units (201 and up membership)

| | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Units (Regardless of membership)

| | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Signed _____

Position _____

District # _____

Please return to the Department Office postmarked by May 2nd.