



American Legion Auxiliary
Department of California

Note: This form is for certified instructors with Blue Cards
who wish to be **RECERTIFIED**.

DO NOT USE TO APPLY FOR WHITE ATTENDANCE CARDS OR LEADERSHIP PINS.

Print or Type

Name: _____

Address _____

City: _____ State: _____ zip: _____

Phone: _____ Unit _____ District _____

I have participated in the following Leadership Workshops as an Attendee or Instructor.
List level (Unit, District or Department), name of instructor, where workshop was held and date.

LEVEL	NAME OF INSTRUCTOR	WHERE HELD	DATE

CERTIFIED INSTRUCTOR'S ENDORSEMENT

This recertification of this applicant is approved - disapproved (Circle choice)

CERTIFIED INSTRUCTOR (Signature Required)

Date

PLEASE INCLUDE ONE DOLLAR (\$1.00) FEE FOR CARD
AND FORWARD TO DEPARTMENT LEADERSHIP
CHAIRMAN