"MEMBERSHIP STAR AWARD"
CERTIFICATION FORM

TO: The American Legion, Dept of Texas
PO Box 140527
Austin, TX. 78714

We certify that the following Legionnaire has signed up the required number of new members for the Post by the March 15th deadline. **(PLEASE PRINT OR TYPE)**

NAME _____ POST _____ MEMBER ID NO. _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (____) _____

(Circle the Award Earned: Members will receive the highest membership pin award earned.)

Bronze – 1 Member Silver – 5 Members Gold – 10 Members Gold Star 25 Member

Name & ID Number	Name & ID Number

(Attach additional list of names and ID numbers of new members as needed)

_____ _____

Post Adjutant Date Post Commander Date.

Application Form must be received at Department Headquarters by March 31st