

**THE AMERICAN LEGION
DEPARTMENT OF TEXAS**

DIVISION OFFICER CERTIFICATION FORM

I, _____, as presiding officer of the _____ Division Convention held at _____, Texas on _____, 20____, certify that the following were duly elected by said Convention in accordance with provisions of the Department Constitution and By-Laws.

DIVISION COMMANDER

Name Address City Zip Code
Res. ____/____/____ Cell ____/____/____ Post # ____
SSN: ____-____-____ Membership ID# _____
Email _____

Cap Size _____ First new cap, for incoming District and Division Commanders only, will be presented at the Department Convention (free of charge) (Cap size is needed as soon as possible.)

DIVISION ADJUTANT (If one is elected or appointed)

Name Address City Zip
Res. ____/____/____ Cell ____/____/____ Post # ____
Email _____ Membership ID# _____

DIVISION HUBMASTER (If one is elected or appointed)

Name Address City Zip
Res. ____/____/____ Cell ____/____/____ Post # ____
Email _____ Membership ID# _____

ATTEST:

Division Commander

Adjutant

(To be completed and mailed to Department Headquarters, PO Box 140527, Austin, TX 78714 without delay.)

A COPY OF THE NEWLY ELECTED OFFICERS DD214 MUST BE SENT TO DEPARTMENT.