

20__ - 20__ POST CERTIFICATION FORM

To: Department Adjutant

From: _____ Post # _____
(Name of Post)

(City) (District) (County) (Date)

MEMBERSHIP MATERIALS ARE SENT VIA UPS.

Ship Membership Cards to: _____

STREET ADDRESS CITY ZIP

IMPORTANT: MEMBERSHIP CARDS FOR THE YEAR WILL BE SHIPPED UPON RECEIPT OF THIS CERTIFICATION.

THE INFORMATION SUBMITTED ON THIS FORM WILL BE PRINTED IN THE DEPARTMENT BLUE BOOK, PLEASE UPDATE ANY CHANGES TO YOUR PERSONAL INFORMATION ON MYLEGION.ORG PRIOR TO SUBMITTING THIS FORM TO INSURE WE HAVE ACCURATE INFORMATION IN THE BLUE BOOK.

Post Commander

Name: _____ ID #: _____
Address: _____ City / Zip: _____
Primary Phone: _____ Alt Phone: _____
Please check type Cell ___ Home ___ Cell ___ Home ___
Email: _____

Post Adjutant

Name: _____ ID #: _____
Address: _____ City / Zip: _____
Primary Phone: _____ Alt Phone: _____
Please check type Cell ___ Home ___ Cell ___ Home ___
Email: _____

Post Hubmaster

Name: _____ Email: _____
ID# _____

MUST HAVE THIS INFORMATION!!

Certification of Eligibility for American Legion Officers

(NOTE: Original forwarded to the Department Adjutant and one copy retained by the Post)

TO THE DEPARTMENT ADJUTANT

DATE: _____

Pursuant to the action of Resolution No. 5 from the May 9 – 10, 2018 Spring Meeting of the National Executive Committee of The American Legion in Indianapolis, Indiana I have examined the service record of each of the following officers who have been duly elected or appointed to serve _____ Post _____, District _____ for the year of 20 _____ to 20 _____.

Position	Name	Member ID#	Date of Enlistment	Date of Discharge	Organization (Branch)
Commander	_____	_____	_____	_____	_____
Vice Commander	_____	_____	_____	_____	_____
Vice Commander	_____	_____	_____	_____	_____
Adjutant	_____	_____	_____	_____	_____
Historian	_____	_____	_____	_____	_____
Chaplain	_____	_____	_____	_____	_____
Hubmaster	_____	_____	_____	_____	_____
Finance Officer	_____	_____	_____	_____	_____
Service Officer	_____	_____	_____	_____	_____
Judge Advocate	_____	_____	_____	_____	_____
Sgt-at-Arms	_____	_____	_____	_____	_____
Executive Committee	_____	_____	_____	_____	_____
Executive Committee	_____	_____	_____	_____	_____
Executive Committee	_____	_____	_____	_____	_____
Executive Committee	_____	_____	_____	_____	_____

I hereby certify that each of the above officers are eligible for membership in The American Legion.

(Signed) _____
(Post Adjutant)

DUPLICATE FORM AS NECESSARY