

# 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: \_\_\_\_\_  
Please check type Cell \_\_\_ Home \_\_\_

Email: \_\_\_\_\_

### **Post Adjutant**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  
Please check type Cell \_\_\_ Home \_\_\_

Email: \_\_\_\_\_

### **Post Hubmaster**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

ID# \_\_\_\_\_

**MUST HAVE THIS INFORMATION!!**

**SUBMIT THIS FORM WITH THE NATIONAL POST / SQUADRON  
COMMANDER & ADJUTANT REPORT FORM**