

The American Legion, Department of New York

112 State St., Suite 1300		518-463-2215 800-253-4466
Albany, NY 12207	FAX: 518-427-8443	info@nylegion.org

Certification of Service Records

As required by the action of the 13th National Convention of The American Legion, the service records of elected officers at Post, County, and District levels must be reviewed and certified to ensure their eligibility for Legion membership and service in an official capacity.

Please **TYPE** or **PRINT LEGIBLY** – Send **form** to the Department Adjutant **NO LATER THAN JUNE 30, 2017**

Year: **2017 - 2018**

POST Name _____

County Name _____

District Number _____

MEMBER ID#	OFFICE	MAILING ADDRESS	PHONE # (w/ac)
	COMMANDER		
		STREET ADDRESS	
	e-mail address		
	1ST VICE COMMANDER		
	2ND VICE COMMANDER		
	3RD VICE COMMANDER		
	ADJUTANT	MAILING ADDRESS	
		STREET ADDRESS	
	e-mail address		
	TREASURER		
	e-mail address		
	CHAPLAIN		
	HISTORIAN		

Member ID#

Phone # (w/ac)

	JUDGE ADVOCATE		
	SERGEANT-AT-ARMS		
	MEMBERSHIP CHAIR		
	e-mail address		
	SERVICE OFFICER		
	e-mail address		
	COMPLIANCE OFFICER		
	e-mail address		
	HOMELAND SECURITY		

I hereby certify that all of the above officials are eligible for membership in The American Legion and have the consequent right to serve in an official capacity.

Signed

Title

Post

Address

Post e-mail

Post Phone

() _____

() _____

Date
