

The American Legion

Department of New York

| | |
|---|--------------------------|
| Address: 112 State St Suite 1300 Albany, NY 12207 | |
| Phone: 518-463-2215 or 1-800-253-4466 | Fax: 518-427-8443 |
| Website: www.nylegion.net | Email: 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 – Form must be sent to Dept. Adjutant **NO LATER THAN JULY 31, 2019**

Year: 2019-2020

County _____ **District #** _____

| <u>Member ID#</u> | <u>Office</u> | <u>Address</u> | <u>Phone (w/ area code)</u> | <u>Email</u> |
|-------------------|--------------------------------------|----------------|-----------------------------|--------------|
| | Commander | | | |
| | | | | |
| | 1st Vice Commander | | | |
| | | | | |
| | 2nd Vice Commander | | | |
| | | | | |
| | 3rd Vice Commander | | | |
| | | | | |
| | Adjutant | | | |
| | | | | |
| | Treasurer | | | |
| | | | | |
| | Chaplain | | | |
| | | | | |
| | Historian | | | |
| | | | | |

| <u>Member ID#</u> | <u>Office</u> | <u>Address</u> | <u>Phone (w/ area code)</u> | <u>Email</u> |
|-------------------|-----------------------------------|----------------|-----------------------------|--------------|
| | Judge Advocate | | | |
| | | | | |
| | Sergeant-At-Arms | | | |
| | | | | |
| | Membership | | | |
| | | | | |
| | Service Officer | | | |
| | | | | |
| | Family Support Coordinator | | | |
| | | | | |

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 _____

Email _____

Phone _____

Date _____