

THE AMERICAN LEGION
DEPARTMENT OF NEW YORK

The following individual was duly elected to the office of Director of the American Legion Boys' State of New York, Inc. The named individual will represent District _____. This term will expire in the year 2020.

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

E-MAIL ADDRESS: _____

I hereby certify that the foregoing was
duly elected Director from the _____
District

District Commander

Date