

# The American Legion

## Department of New York

Address: 1304 Park Boulevard, Troy, New York 12180	
Phone: 518-463-2215	Fax: 518-427-8443
Website: www.nylegion.net	Email: info@nylegion.org

### Certification of Service Records

As required by the action of the 13<sup>th</sup> 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, 2021**

**Year: 2021-2022**

**Post # and Name** \_\_\_\_\_

**County** \_\_\_\_\_ **District #** \_\_\_\_\_

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

<u>Member ID#</u>	<u>Office</u>	<u>Address</u>	<u>Phone (w/ area code)</u>	<u>Email</u>
	<b>Judge Advocate</b>			
	<b>Sergeant-At-Arms</b>			
	<b>Membership</b>			
	<b>Service Officer</b>			
	<b>Compliance Officer</b>			
	<b>Homeland Security</b>			

Does your Post have an American Legion Riders Chapter? Check one: Yes\_\_\_ or No\_\_\_

If Yes, please give the name of the Chapter Director and where he/she is a current member:

Name\_\_\_\_\_

Check One: The American Legion\_\_\_ Sons of The American Legion\_\_\_ The American Legion Auxiliary\_\_\_

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 Email** \_\_\_\_\_

**Post Phone** \_\_\_\_\_

**Date** \_\_\_\_\_

**Current Post Address** \_\_\_\_\_