

The American Legion

Department of New York

Year: _____

County _____ District # _____

Address: 1304 Park Blvd Troy, NY 12180	
Phone: 518-463-2215	Fax: 518-427-8443
Website: www.nylegion.net	Email: charlie@nylegion.org

COUNTY 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 27**

<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 _____

Post Email _____

Post Phone _____

Date _____