**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:** **c**harlie@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**

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