

The American Legion

Department of New York

1304 Park Blvd. Troy NY 12180	
Phone: 518-463-2215 or 1-800-253-4466	Fax: 518-427-8443
Website: www.nylegion.net	Email: charlie@nylegion.org

Year: _____

Post # and Name _____

County _____ **District #** _____

Post OCF - 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 JUNE 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			
	Compliance Officer			
	Homeland Security			

Does your Post have an American Legion Riders Chapter? Select one: ___Yes or ___No

If Yes, please give the name of the Chapter Director and where they are a current member:

Name _____

Select 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 _____