

The American Legion
Department of New York
District OCF YEAR _____

1304 Park Blvd Troy, NY 12180	
Phone: 518-463-2215	info@nylegion.org Fax: 518-427-8443

DISTRICT 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 – info@nylegion.org

NO LATER THAN JULY 27

District # _____

<u>Member ID#</u>	<u>Office</u>	<u>Phone (w/ area code)</u>	<u>Email</u>
	Commander		
	1st Vice Commander		
	2nd Vice Commander		
	3rd Vice Commander		
	Adjutant		
	Treasurer		
	Chaplain		
	Historian		
	Judge Advocate		
	Sergeant-At-Arms		
	Membership		
	Service Officer		

I hereby certify that all the above officials are eligible for membership in The American Legion and have the consequent right to serve in an official capacity.

Signed _____

Title _____

Email _____

Address _____
