The American Legion

Department of New York

Year: _____

Post # _____

Address: 1304 Park Blvd Troy, NY 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 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			
	Adjutant			
	Treasurer			
	Chaplain			
	Historian			
	Judge Advocate			
	Sergeant-At-Arms			
	Membership			
	Service Officer			

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: _____ Date: _____

Title: _____ Contact Email: _____