



DRAFT ** Certification of Post Officers ** DRAFT
 Department of California, The American Legion

Legion Year: _____ Post Name* _____, Post #* _____, District # _____

Post Membership Dues*	Incorporated*	Post Election Date*	Officer Installation Date
Post Mailing Address*	Post Meeting Address*	Post Meeting Date*	Meeting Start Time

Click on field to change default data.

Officer	First Name	Last Name	Membership ID	Phone (xxx-xxx-xxxx)	E-Mail
Commander *	*	*	*	*	*
Adjutant *	*	*	*	*	*
Finance Officer *	*	*	*	*	*
1 st Vice Commander					
2 nd . Vice Commander					
3 rd . Vice Commander					
Chaplain					
Historian					
Judge Advocate					
Sgt-at-Arms					
Service Officer					

We hereby certify that each of the above officers is eligible to membership in The American Legion and has the consequent right to service in such capacity in accordance with Article III, Section 1, and Article V, Section 2 Department By-Laws.

Signature Post Adjutant

Signature Post Commander

Date

* = Required Entries