

***MANDATORY ENTRIES**

POST *	DIST *
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CERTIFICATION OF SERVICE RECORD OF AMERICAN LEGION POST OFFICERS

PLEASE TYPE OR PRINT

DEPARTMENT OF CALIFORNIA

LEGION YEAR 2007-2008	POST ADJUTANT: Upon election and/or appointment of Post officers for Legion Year designated, fill in this form and return by next mail. Complete all items. Show "None" where that applies.	POST FAX () —
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POST NAME *	POST PHONE () -	POST DUES * \$	INCORPORATED * __YES__NO	ELECTION DATE *	INSTALLATION DATE
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ALL POST MAIL TO: Fill in, if you do not want mail sent to Commander's or Adjutant's home *	ADDRESS OF REGULAR MEETINGS *	MEETS(i.e.) *
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OFFICERS	NAME	MEMBERSHIP I.D.	TELEPHONE NO. (Show area codes)	DATE OF ENLISTMENT	DATE OF DISCHARGE	Branch-Service
Commander *		*	*			
1st Vice Commander						
2nd Vice Commander						
3rd Vice* Commander						
Adjutant *		*	*			
Assistant* Adjutant						
Finance Officer *		*	*			
Chaplain						
Historian						
Judge Advocate						
Sgt. at Arms						
Assistant* Sgt. at Arms						
Service Officer						

* INDICATES MINIMUM INFO. REQUIRED FOR CERTIFICATION OF POST OFFICERS FOR DEPT USE. ADDITIONAL OFFICERS MAY BE ELECTED/APPOINTED PER POST BY-LAWS.

* Not mandatory officers

I 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.

(POST SEAL)

(City) _____ Calif. (Date) *

(Attest) * _____ (Signed) * _____

(Post Adjutant)

(Post Commander)

WHITE COPY: Department Adjutant

YELLOW COPY: MAIL TO: District Commander

PINK COPY: MAIL TO: County Council

GOLDENROD COPY: Post Files