

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

PLEASE TYPE OR PRINT

DEPARTMENT OF CALIFORNIA

LEGION YEAR 2008 - 2009	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: *	ADDRESS OF REGULAR MEETINGS *	MEETS(i.e.) *
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OFFICERS	NAME	MEMBERSHIP I.D.	TELEPHONE NO. <small>(Show area codes)</small>	eMail address
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				

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.

* **MANDATORY ENTRIES**

(City) _____ Calif. (Date) _____ *

(Attest) _____ * (Signed) _____ *
(Post Adjutant) (Post Commander)

Post keep original and mail copy to: Department Adjutant, District Adjutant, County Council