

The American Legion, Department of New York

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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** – Send original form to Department Adjutant at above address
NO LATER THAN JUNE 5, 2015

Year: 2015 - 2016

County Name		District Number	
MEMBER ID#	OFFICE	MAILING ADDRESS	PHONE # (w/ac)
	COMMANDER		
		STREET ADDRESS	
	e-mail address		
	1ST VICE COMMANDER		
	2ND VICE COMMANDER		
	3RD VICE COMMANDER		
	ADJUTANT	MAILING ADDRESS	
		STREET ADDRESS	
	e-mail address		
	TREASURER		
	e-mail address		
	CHAPLAIN		
	HISTORIAN		

	JUDGE ADVOCATE		
	SERGEANT-AT-ARMS		
	MEMBERSHIP CHAIR		
	e-mail address		
	SERVICE OFFICER		
	e-mail address		
	FAMILY SUPPORT COORDINATOR		
	e-mail address		
	DEPT. CONV. HOUSING CHAIR		

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 _____

Title _____

Address _____

Rev: 3/19/15

Phone () _____

Date _____

THIS FORM IS AVAILABLE ON-LINE ON THE DEPARTMENT WEBSITE: www.nylegion.net