

**The American Legion, Department of New York**

112 State St., Suite 1300		518-463-2215 800-253-4466
Albany, NY 12207	FAX: 518-427-8443	info@nylegion.org

**Certification of Service Records**

As required by the action of the 13<sup>th</sup> 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 the Department Adjutant ***NO LATER THAN JUNE 30, 2015***

Year: **2015 - 2016**

**POST Name** \_\_\_\_\_

County Name \_\_\_\_\_

District Number \_\_\_\_\_

MEMBER ID#	OFFICE	MAILING ADDRESS	PHONE # (w/ac)
	<b>COMMANDER</b>		
		<b>STREET ADDRESS</b>	
	e-mail address		
	<b>1<sup>ST</sup> VICE COMMANDER</b>		
	<b>2<sup>ND</sup> VICE COMMANDER</b>		
	<b>3<sup>RD</sup> VICE COMMANDER</b>		
	<b>ADJUTANT</b>	<b>MAILING ADDRESS</b>	
		<b>STREET ADDRESS</b>	
	e-mail address		
	<b>TREASURER</b>		
	e-mail address		
	<b>CHAPLAIN</b>		
	<b>HISTORIAN</b>		

	<b>JUDGE ADVOCATE</b>		
	<b>SERGEANT-AT-ARMS</b>		
	<b>MEMBERSHIP CHAIR</b>		
	e-mail address		
	<b>SERVICE OFFICER</b>		
	e-mail address		
	<b>COMPLIANCE OFFICER</b>		
	e-mail address		
	<b>HOMELAND SECURITY</b>		

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

\_\_\_\_\_

Post

\_\_\_\_\_

Address

\_\_\_\_\_

Post

Phone

(     ) \_\_\_\_\_

Rev: 3/9/15

Date

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