

POST	DIST
*	*

## CERTIFICATION OF SERVICE RECORD OF AMERICAN LEGION POST OFFICERS

PLEASE TYPE OR PRINT DEPARTMENT OF CALIFORNIA

<b>LEGION YEAR 2016-2017</b>	POST ADJUTANT: Upon election and/or appointment of Post officers for Legion Year designated, fill in this form and return by email. Complete all items. Show "None" where that applies.	<b>POST EMAIL</b>
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POST NAME *	POST PHONE	POST DUES * \$	INCORPORATED * <input type="checkbox"/> YES <input type="checkbox"/> 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. <small>(Show area codes)</small>	eMail address
Commander	*	*	*	
1st Vice Commander				
2nd Vice Commander				
3rd Vice* Commander				
Adjutant	*	*	*	
Finance Officer	*	*	*	
Chaplain				
Historian				
Judge Advocate				
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 email copy to: Department Adjutant, District Adjutant, County Council**

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