

POST	DISTRICT	AREA	CERTIFICATION OF ELIGIBILITY AMERICAN LEGION POST OFFICERS				
LEGION YEAR 2017 - 2018			<i>Upon election and/or appointment of Post Officers for Legion Year designated, complete this form and submit it by email. Complete ALL items.</i>				POST EMAIL
POST NAME *			POST PHONE	POST DUES	INCORPORATED YES <input type="checkbox"/> NO <input type="checkbox"/>	ELECTION DATE *	INSTALLATION DATE
POST MAILING ADDRESS			POST MEETING ADDRESS				POST MEETS (i.e. 1 st Tuesdays, 7 pm)
OFFICERS	FIRST NAME	LAST NAME	MEMBERSHIP I.D. #	PERSONAL PHONE	STREET ADDRESS	CITY	E-MAIL 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 each of the above officers is eligible for membership in The American Legion and has the consequent right to service in such capacity in accordance with Article III, Section 2 Department By-Laws

POST ADJUTANT

DATE

POST COMMANDER

DATE

or
Email to: forms@calegion.org