



# CERTIFICATION OF POST OFFICERS

POST	DISTRICT	AREA

<b>LEGION YEAR 2021-2022</b>			<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 <sup>st</sup> Tuesdays, 7 pm)	
							CITY	
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	*		*	*	*		*	
Finance Officer	*		*	*	*		*	
Chaplain								
Historian								
Judge Advocate								
Sgt-at-Arms								
Service Officer								

**I hereby certify that 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 Department of California's Bylaws:**

_____	_____	_____	_____
POST ADJUTANT	DATE	POST COMMANDER	DATE

If at any moment in time the information above becomes inaccurate or changes occur, please complete and submit a new Certification of Post Officers.  
Mail copy of the form to Department Headquarters at 1601 7th Street, Sanger, CA 95367 or email at [forms@calegion.org](mailto:forms@calegion.org)