

The American Legion, Department of New York

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Albany, NY 12207	FAX: 518-427-8443	info@nylegion.org

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 31 JULY 2006

Year: 2006 - 2007

County Name

District Number

MEMBER ID#	OFFICE	MAILING ADDRESS	PHONE # (w/ac)
	COMMANDER		
	e-mail address		
	1ST VICE COMMANDER		
	2ND VICE COMMANDER		
	3RD VICE COMMANDER		
	ADJUTANT		
	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 _____
 Phone () _____
 Date _____