

**THE AMERICAN LEGION DEPARTMENT OF NEW YORK**

<b>112 State St., Suite 1300</b>	<b>(518) 463-2215 (800) 253-4466</b>
<b>Albany, NY 12207</b>	<b>FAX: (518) 427-8443</b> <span style="float: right;"><b>info@nylegion.org</b></span>

**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 Department Adjutant at above address  
NO LATER THAN 31 JULY 2006**

**Year: 2006 – 2007**

**Post Name & Number** \_\_\_\_\_

**County Name** \_\_\_\_\_ **District Number** \_\_\_\_\_

<b>MEMBER ID#</b>	<b>OFFICE</b>	<b>MAILING ADDRESS</b>	<b>PHONE # (w/ac)</b>
	<b>COMMANDER</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>		
	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		

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 ( ) \_\_\_\_\_  
 Date \_\_\_\_\_