CERTIFICATION FORM
DISTRICT COMMANDER NEW POST ACHIEVEMENT AWARD

TO: Membership Division
The American Legion
P.O. Box 1055
Indianapolis, IN 46206

This is to certify the below listed District Commander has created _______ new Post(s) in District __________________. This also certifies a new Post Temporary Charter is on file at National Headquarters.

NAME __________________________________________ DISTRICT NO. __________

ADDRESS ______________________________________

CITY, STATE, ZIP __________________________________

NEW POST NO.(S) __________________________________

________________________________
Department Adjutant

________________________________
Department

________________________________
Date

MAIL ON OR BEFORE LAST DAY OF MAY

See other "New Post Achievement Award" information on page 13 of this manual.
CERTIFICATION FORM
DISTRICT COMMANDER ACHIEVEMENT AWARD
and DISTRICT HONOR RIBBON

TO: Membership Division
The American Legion
P.O. Box 1055
Indianapolis, IN 46206

I certify the following information concerning District membership for the previous membership year and current membership year in this Department is correct.

_________________________
Department Adjutant

_________________________
Department

_________________________
Date

NOTE: Report only those Districts exceeding their previous year’s membership by at least the number of Posts in the District.

USE THIS FORM AS A COVER FOR ATTACHED SHEETS WITH THE FOLLOWING INFORMATION:

1.) District Commander’s name and address
2.) District name or number
3.) District final previous year membership as of December 31
4.) Number of Posts in District
5.) District current year membership as of May Target Date

MAIL ON OR BEFORE LAST DAY OF MAY
THE AMERICAN LEGION PIONEER AWARD

Post Commander:
Post Adjutant:

The American Legion has authorized issuance of a citation titled “The American Legion Pioneer Award.” Your Post may make nominations for this award immediately after securing a temporary charter.

This award is a means of recognition for an individual who has made the greatest contribution in helping to get your Post chartered and insuring a successful operation.

You can play an important role in giving proper recognition both to the nominee and to your Post. If your Post has someone to nominate, please complete the information below and return to your Department Headquarters for certification and forwarding to National Headquarters.

Post No. ________ located at ________
Department of ________, was chartered on ________, 20____
Nomination for The American Legion Pioneer Award is hereby made for: ________

Post No. ________ feels the above nominee deserves the Pioneer Award because:

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ATTEST:

Post Commander
Post Name and Number
Address
City and State (ZIP)

Post Adjutant

The above information is certified as correct:
Date ________, 20____

DUPLICATE AS NECESSARY
CERTIFICATION FORM
GOLD BRIGADE
FIFTH CONSECUTIVE YEAR AWARD

Departments: Send to National Headquarters by last day of May.

The following member of the Department of ____________________ qualifies for the prestigious fifth consecutive year "Gold Brigade" Award for enrolling fifty or more New Members into The American Legion by the May Target Date.

A Legionnaire may only qualify for this award once every five years.
This Navy Blue Blazer replaces the Gold Blazer of previous years.

(Circle One)

**Man’s Blazer:** (Cut) Short, Regular, Portly (Stout), Long, Extra Long, Extra Extra Long
PLEASE SPECIFY EVEN SIZES 34-54 _____________ Size

**Ladies Blazer:** (Cut) Short, Regular, Long, Extra Long, Extra Extra Long
PLEASE SPECIFY EVEN SIZES 4-20 _____________ Size

(Please Type or Print)

Name ________________________ Post No. ______________ Mem. ID ____________________

Phone (____) __________________ Years of being a Gold Brigader 19____ - 20____

Certified:

______________________________
Department Adjutant (signature)

______________________________
Date

**DEPARTMENT REMINDER** - Forward a copy of this form to the National Membership Division and a copy of the list of new members signed up to National Headquarters, on or before the last day of May.
CERTIFICATION FORM
GOLD BRIGADE
SIXTH CONSECUTIVE YEAR OR MORE AWARD

The following member of the Department of ____________________ qualifies for the sixth consecutive year or more “Gold Brigade” Award for enrolling fifty or more New Members into The American Legion by May Target Date.

This award is a $150 Visa Gift Card issued by the First National Bank of Omaha.

(Please Type or Print)

Name _______________________________ Post No. _______ Mem. ID# ________________

Phone (___) ________________________ Years of being a Gold Brigader ________________

Certified:

__________________________________________
Department Adjutant (signature)

__________________________________________
Date

DEPARTMENT REMINDER - Forward a copy of this form to the National Membership Division and a copy of the list of new members signed up to National Headquarters, on or before the last day of May.