

**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:

ATTEST:

Post Adjutant

The above information is certified as correct:

Date _____, 20____

DUPLICATE AS NECESSARY

Post Commander

Post Name and Number

Address

City and State (ZIP)

Department Adjutant

Department

**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.