



CERTIFICATION OF POST OFFICERS FOR YEAR: _____

_____ Post No. _____ District No. _____
 (Full Name of Post)

_____ (Post Address)

_____ (Name of Town) _____ (County) _____ (Phone) _____ (Post Email)

Retain a COPY for Post files.
Send Copy to: District Adjutant
Send COPY to: DEPARTMENT HEADQUARTERS, PO BOX 2910, BLOOMINGTON, IL 61702

Do you own your Post? _____
 Do you operate a Bar? _____
 Is your Post Incorporated? _____
 Is your Post Bonded? _____
 Consolidated Post Report? _____
 Legion Riders Chapter? _____

Type or Print Legibly

OFFICER	NAME	ID#	PHONE #	EMAIL
<i>Commander</i>				
<i>Sr. Vice Commander</i>				
<i>Jr. Vice Commander</i>				
<i>Adjutant</i>				
<i>Finance Officer</i>				
<i>Service Officer</i>				
<i>Chaplain</i>				
<i>Historian</i>				
<i>Sergeant-at-Arms</i>				

Date of Regular Meetings: _____ Time: _____
 Post annual dues: \$ _____

I hereby certify that each of the above officers are members in good standing of a Post in this District and have been duly elected or appointed to the Office indicated in accordance with the provisions of the Constitution and By-Laws of The American Legion.

(Signed) _____ (Signed) _____
 Post Adjutant Post Commander

MEMBERSHIP CARDS WILL BE SENT TO THE POST ADJUTANT'S ADDRESS ON FILE. PLEASE MAKE SURE IT IS CURRENT ADDRESS.