AMERICAN LEGION RIDERS CHAPTER OFFICERS FOR YEAR:_____

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

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

Retain a Copy for Post/Chapter Files

Send Copy to: Division Committee Member

Send Copy to: DEPARTMENT HEADQUARTERS, PO BOX 2910, BLOOMINGTON, IL 61702

(Article IX, Section 3, Department Constitution)

NOTE: Each Chapter must elect its officers at a regular meeting, each membership year, and report them to The American Legion, Department of Illinois, within five days after said election. Each Chapter may prescribe, by its own by-laws, the date upon which its officers shall enter upon their duties.

Type or Print Legibly

OFFICER	NAME		ID#	PHONE #	EMAIL
Director					
Asst. Director					
Treasurer					
Secretary					
Sergeant-at-Arms/ Run Coordinator					
*Historian**					
*Chaplain**					
*Membership Chairman**					

(* These offices are at the discretion of the individual chapter)

Date of Regular Meetings:_____ Time:_____

Chapter annual dues: $_____

CERTIFICATION OF SERVICE RECORD

Pursuant to the action of the 13th Annual National Convention of The American Legion at Detroit, Michigan, September 21, 1931, I have examined the service record and /or eligibility of each of the officials who have been duly elected to serve for the ensuing year.

I hereby certify that each of the above officials are eligible for membership in The American Legion Riders of Illinois and have the consequent right to serve in an official capacity.

(Signed)_____ (Signed)_____

Chapter Director **Post Commander**