

POST CERTIFICATION OF OFFICERS FORM

POST NUMBER # _____

DISTRICT NUMBER _____

CHARTER NAME _____

Date __/__/08

DUES \$ _____

PLEASE PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH OFFICER OR RE-ELECTED FOR THE 2008-2009 TERM. BE SURE TO INCLUDE ZIP CODE FOR ADDRESSES LISTED.

COMPLETE AND ACCURATE INFORMATION IS NEEDED FOR COMPILING OUR MAILING LIST AND THE DEPARTMENT'S DIRECTORY OF OFFICERS.

POST COMMANDER:

_____ (FIRST) (MIDDLE) (LAST) (SPOUSE)

Address: _____

MEMBERSHIP # _____

Email: _____

Phone Number: ____-____-____

Work Number: ____-____-____

***POST ADJUTANT:**

_____ (FIRST) (MIDDLE) (LAST) (SPOUSE)

Address: _____

MEMBERSHIP # _____

Email: _____

Phone Number: ____-____-____

Work Number: ____-____-____

POST FINANCE OFFICER:

_____ (FIRST) (MIDDLE) (LAST) (SPOUSE)

Address: _____

MEMBERSHIP # _____

Email: _____

Phone Number: ____-____-____

Work Number: ____-____-____

(over)

POST SERVICE OFFICER:

_____ (FIRST) (MIDDLE) (LAST) (SPOUSE)

Address: _____

MEMBERSHIP # _____ Email: _____

Phone Number: ____-____-____ Work Number: ____-____-____

POST MEMBERSHIP CHAIRMAN:

_____ (FIRST) (MIDDLE) (LAST)

Address: _____

MEMBERSHIP # _____ Email: _____

Phone Number: ____-____-____ Work Number: ____-____-____

Does Post own its Home? YES/NO

Location of Meetings: _____

Post Phone: () _____ - _____ Post e-mail address: _____

Mailing address of Post: _____

Meetings held on: _____ : _____ AM/PM
(Please indicate Day of Week and Month) (Time)

Does your post have:
Sons of the American Legion squadron? YES/NO An auxiliary unit? YES/NO

WHEN COMPLETE MAIL FORM TO:

**THE AMERICAN LEGION
1708 COMMONWEALTH AVENUE
RICHMOND VA 23230**

AS SOON AS POSSIBLE – PLEASE...NO LATER THAN JUNE 27, 2008.

***All information from Department Headquarters goes to the Post Adjutant unless otherwise noted: _____**