



American Legion Department of Indiana
Post Officer Certification Form
 Membership Year 20____-20_____

Dept Use Only
Date: _____
Entered By: _____

Post No. _____ District No. _____

In Accordance With Article XI, Sec. 1, Constitution Of The American Legion Department Of Indiana, This Form Must Be Completed And Returned To Department Headquarters Not Later Than **30 Days Prior To The Convening Of The Annual Department Convention.** Forward A Copy To Department Headquarters. Retain A Copy For Your Post Records. Please Type Or Print Clearly. **Electronic copies (preferred method) must be forwarded to membership@indlegion.org.**

NEWLY ELECTED POST OFFICERS

Commander Name: _____ ID#: _____
 Phone: _____ Email Address: _____

Adjutant Name: _____ ID#: _____
 Phone: _____ Email Address: _____

Membership Name: _____ ID#: _____
 Phone: _____ Email Address: _____

Service Name: _____ ID#: _____
 Phone: _____ Email Address: _____

*Please be sure to include **Member ID Number*** *All Membership mailings will be sent to the Post mailing address*

POST COMMITTEE CHAIRPERSONS

A.L. Riders ID #: _____ Name: _____	Children's Ed. & Welfare ID #: _____ Name: _____	Lafayette Home ID #: _____ Name: _____
A & G ID #: _____ Name: _____	Community Involvement ID #: _____ Name: _____	Law & Order ID #: _____ Name: _____
ALF Scholarship ID #: _____ Name: _____	Fire Fighter/EMS ID #: _____ Name: _____	Legislative ID #: _____ Name: _____
Baseball ID #: _____ Name: _____	Flag Etiquette ID #: _____ Name: _____	Nursing Home ID #: _____ Name: _____
Bowling ID #: _____ Name: _____	Girl Scouts ID #: _____ Name: _____	Oratorical/School Award ID #: _____ Name: _____
Boy Scouts ID #: _____ Name: _____	Golf ID #: _____ Name: _____	POW/MIA ID #: _____ Name: _____
Boys State ID #: _____ Name: _____	Homeless Veterans ID #: _____ Name: _____	Public Relations ID #: _____ Name: _____
Children & Youth ID #: _____ Name: _____	Jr. Shooting Sports ID #: _____ Name: _____	Publications Editor ID #: _____ Name: _____

CERTIFICATION

We certify the above officers are eligible for membership. Each is a current member and entitled to serve as an officer in:

Certified by: _____ Certified by: _____ Date: _____
Current Post Commander Current Post Adjutant

Post physical address: _____

Post mailing address (if different from physical): _____

Post meets: _____ / 1st 2nd 3rd 4th week of the month / _____
(Day of Week) (Circle one) (Time)

Post phone #: _____ Post E-mail: _____ Post website: _____

Post fax #: _____ Post Facebook URL: _____

Newly elected officers assumed duties on what date? _____ Post dues: \$ _____

Are all officers who handle post finances bonded in accordance with the Department Constitution? _____

Name & Address of Bonding Company: _____