



The American Legion, Department of Indiana
Post Officer Certification Form
Membership Year: 2018 - 2019

Dept Use Only
Date: _____
Entered By: _____

District #: _____ Post #: _____

IMPORTANT NOTE

In accordance with the Department By-laws and Constitution, this form must be completed and returned to Department Headquarters at least 30 days before the annual convention. **Forward this form to Department Headquarters ASAP, no later than 6/12/18.** 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 Officer

Name: _____ ID#: _____

Phone: _____ Email Address: _____

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

CERTIFICATION

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

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

Post physical address: _____

Post mailing address (if different from physical): _____

Post meeting: _____ / **1st** **2nd** **3rd** **4th** week of the month / **PM** **AM**
(Day of Week) *(Check one)* *(Time)* *(Check one)*

Post phone #: _____ Post fax #: _____ Post Email: _____

Post Website: _____ 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: _____