



The American Legion, Department of Indiana  
**Post Officer Certification Form**  
 Membership Year: 2020 - 2021

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 7/3/20. Retain a copy for your Post records. Please type or print clearly. Electronic copies (preferred method) must be forwarded to [membershlp@indianalegion.org](mailto:membershlp@indianalegion.org).

**NEWLY ELECTED POST OFFICERS**

**Commander**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Adjutant**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Membership**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Service Officer**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\*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: \_\_\_\_\_ /  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup> week of the month /  PM  AM  
(Day of Week) (Circle one) (Time) (Circle 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: \_\_\_\_\_