

# Certification of Eligibility for American Legion Officers

(Note: Original forwarded to Department Adjutant and copy retained by Post Adjutant)

**TO THE DEPARTMENT ADJUTANT**

Date \_\_\_\_\_

Pursuant to the action of Resolution No. 5 from the May 9-10, 2018 Spring Meeting of the National Executive Committee of The American Legion in Indianapolis, Indiana, I have examined the service record of each of the following officers who have been duly elected or appointed to serve Post \_\_\_\_\_ for the year 20\_\_ to 20\_\_:

Position	Name	Member ID#	Date of Enlistment	Date of Discharge	Branch	Verified by Form No.
Commander						
Vice Commander						
" "						
" "						
" "						
" "						
Adjutant						
Historian						
Chaplain						
Finance Officer						
Judge Advocate						
Sergeant-at-arms						
Service Officer						

I hereby certify that each of the above officers are eligible for membership in The American Legion.

(Signed) \_\_\_\_\_  
(Post Adjutant)