

The American Legion



For God and Country
LOUISIANA

★DEPARTMENT HEADQUARTERS★ P.O. BOX 3749★
★BATON ROUGE, LOUISIANA 70821★
★(225) 219-1945★ FAX (225) 219-1941★

MANDATORY

Whether you have changes or not to you Post Commander and/or Adjutant, the Notification Form enclosed and below information must be filled out and returned to the Department no later than **JULY 1, 2023**.

District _____

PLEASE PRINT CLEARLY

Post _____

COMMANDER

NAME _____ MBR # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

FAX _____

EMAIL ADDRESS _____

ADJUTANT

NAME _____ MBR # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

FAX _____

EMAIL ADDRESS _____

LEGION RIDERS YES _____ NO _____ CONTACT NAME & # _____

HONOR GUARD YES _____ NO _____ CONTACT NAME & # _____

SQUADRON YES _____ NO _____ CONTACT NAME & # _____

HALL RENTAL YES _____ NO _____ CONTACT NAME & # _____



THE AMERICAN LEGION NATIONAL HEADQUARTERS

Notification of Post/Squadron Commanders & Adjutants

Department of Louisiana

Dist ____

Post No.

Date

POST COMMANDER

Enter Member ID # Incumbent Newly Elected/Appointed

Name

Phone Cell Home Work

Email

POST ADJUTANT

Enter Member ID # Incumbent Newly Elected/Appointed

Name

Phone Cell Home Work

Email

(Complete this section if Post has an SAL Squadron.)

SQUADRON COMMANDER

Enter Member ID # Incumbent Newly Elected/Appointed

Name

Phone Cell Home Work

Email

SQUADRON ADJUTANT

Enter Member ID # Incumbent Newly Elected/Appointed

Name

Phone Cell Home Work

Email

SIGNATURE OF POST ADJUTANT

Certification of Service Record of The American Legion Post Officers to the Department Adjutant

(2023-2024) _____
(Date)

Pursuant to action of the 13th Annual National Convention of The American Legion at Detroit, Michigan, September 24, 1931, I have examined the service record of each of the following officials who have been duly elected or appointed to serve Dist # _____ Post No. _____, Department of LOUISIANA for the ensuing year ~~2023-2024~~.

Rank and _____
Organization _____
Member ID _____
Character of Discharge _____

	Name	Date of Enlistment	Date of Discharge	Organization	Member ID	Character of Discharge
Commander						
Vice Commander						
Vice Commander						
Adjutant						
Historian						
Finance Officer						
Service Officer						
Chaplain						
Judge Advocate						
Sgt. At Arms						
Color Bearer						
Color Bearer						

I hereby certify that each of the above officials is eligible to membership in The American Legion and has the consequent right to serve in an official capacity.

(Signed)
(Post Commander/or Adjutant)

Please return this form to Department Headquarters not later than July 1, 2023
File: OfficeWide/2023-2024 Reports and Forms/Certification of Post Service Record/revised 02-20-23

Certification of Service Record of The American Legion Post Officers to the Department Adjutant
(2023-2024) (Date) _____

Pursuant to action of the 13th Annual National Convention of The American Legion at Detroit, Michigan, September 24, 1931, I have examined the service record of each of the following officials who have been duly elected or appointed to serve Dist # _____ Post No. _____, Department of LOUISIANA for the ensuing year 2023-2024.

Optional	Name	Date of Enlistment	Date of Discharge	Rank and Organization	Member ID	Character of Discharge

I hereby certify that each of the above officials is eligible to membership in The American Legion and has the consequent right to serve in an official capacity.

Please return this form to Department Headquarters not later than July 1, 2023
 _____ (Signed)
 (District Commander/or Adjutant)