POST CERTIFICATION OF OFFICERS FORM 2026-2027

POST NUMBER #____ DISTRICT NUMBER ____

CHARTER NAME _____ Date __/__/__

DUES $_____

COMPLETE AND ACCURATE INFORMATION IS NEEDED FOR COMPILING OUR MAILING LIST AND THE VIRGINIA DEPARTMENT'S DIRECTORY OF OFFICERS.

PLEASE TYPE / PRINT ALL INFORMATION LEGIBLE THERE ARE TOO MANY NUMBERS THAT CAN BE CONFUSED AS LETTERS

POST COMMANDER:_____
(FIRST) (MIDDLE) (LAST)

Address:_____
STREET CITY ZIP

MEMBERSHIP #_____ Email: _____

Phone Number: ___-___-____ Work Number: ___-___-____

POST ADJUTANT:_____
(FIRST) (MIDDLE) (LAST)

Address:_____
STREET CITY ZIP

MEMBERSHIP #_____ Email:_____

Phone Number: ___-___-____ Work Number: ___-___-____

POST FINANCE OFFICER:_____
(FIRST) (MIDDLE) (LAST)

Address:_____
STREET CITY ZIP

MEMBERSHIP #_____ Email:_____

Phone Number: ___-___-____ Work Number: ___-___-____

POST SERVICE OFFICER:_____
(FIRST) (MIDDLE) (LAST)

Address:_____
STREET CITY ZIP

MEMBERSHIP #_____ Email:_____

Phone Number: ___-___-____ Work Number: ___-___-____

Location of Meetings:_____

Post Phone: ( )_____-_____ Post e-mail address: _____

Mailing address of Post:_____

Meetings held on:_____:_____AM/PM
(Please indicate Day of Week and Month) (Time)

Does your post have:

S. A. L. Squadron? YES/NO **A.L.A. Unit**? YES/NO **A. L. R. Chapter?** YES/NO

Authenticated By: _____ Post Position: _____
(name) (Commander/Adjutant)

WHEN COMPLETED : EMAIL / MAIL FORM TO:

THE AMERICAN LEGION
ATTN: ERICA ECCLESTON
P. O. Box 11025
RICHMOND VA 23230

AS SOON AS POSSIBLE – PLEASE NO LATER THAN JUNE 19th.

***All information from Department Headquarters goes to the Post Adjutant unless otherwise noted:_____**