



## NOTICE OF ELECTION OF OFFICERS

(Please type or print clearly)

POST NAME: \_\_\_\_\_ POST NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ DUES: \$ \_\_\_\_\_ MEETING DAY(s): \_\_\_\_\_

MEETING PLACE (location): \_\_\_\_\_ TIME: \_\_\_\_\_

PLEASE INDICATE IF YOU HAVE A HALL THAT YOU RENT TO THE PUBLIC: (    ) YES (    ) NO

ID NUMBER	NAME	HOME ADDRESS w/ZIP & EMAIL	AREA-PHONE
Commander			
Adjutant			
Senior Vice Commander			
Jr. Vice Commander			
Finance Officer			
Chaplain			
Historian			
Service Officer			
<del>State Fund Representative</del>			

Post Adjutant (outgoing) \_\_\_\_\_

Post Commander (outgoing) \_\_\_\_\_

Send Department Mail to:

(    ) Post Address Above; OR (    ) Adjutant's Address Above; OR (    ) Commander's Address Above

THIS LIST IS TO BE SUBMITTED TO DEPARTMENT ADJUTANT'S OFFICE  
IMMEDIATELY UPON ELECTION OF NEW OFFICERS.

MAIL A COPY TO YOUR DISTRICT ADJUTANT

*If Officers are same we still need you to return this sheet COMPLETED for the record!*

IMPORTANT - COMPLETE CERTIFICATION OF SERVICE ON BACK

- OVER -

# CERTIFICATION OF SERVICE RECORD OF POST OFFICERS

Post No. \_\_\_\_\_

Membership Card # & Name	Date of Enlistment	Date of Discharge	Rank and Organization	LEAVE BLANK
Commander				
Senior Vice Cmdr.				
Jr. Vice Cmdr.				
Adjutant				
Historian				
Finance Off.				
Service Off.				
Chaplain				
Judge Adv.				
Sgt. at Arms				

**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 Adjutant)