

**2009 – 2010
NOTICE OF ELECTION OF OFFICERS**
(Please type or print clearly)



POST NAME: _____ POST NO. _____

ADDRESS: _____ EMAIL _____

PHONE: () _____ MEETING DAY(s): _____

MEETING PLACE (location): _____ TIME: _____

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

Post Adjutant (outgoing)

Post Commander (outgoing)

(All correspondence will be mailed to Adjutant unless otherwise noted)

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

MAIL SECOND COPY TO YOUR DISTRICT ADJUTANT

*If Officers are same please 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	Serial Number
Commander				
Vice Cmdr.				
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)