

## POST OFFICER CERTIFICATION FORM #1 - POST OFFICERS FOR 2025-2026

AS AN ABSOLUTE MINIMUM, THE POST MUST CERTIFY THE POST COMMANDER, POST ADUTANT, AND POST SERVICE OFFICER PLUS WHOMEVER IS RESPONSIBLE FOR RECEIVING AND TRANSMITTING MEMBERSHIP DUES IF OTHER THAN THE POST ADJUTANT. VALIDATE SERVICE DATES BY REVIEWING DD-214 OR NGB-22 - Same person shall not serve as both Post Commander, Adjutant and/or Service Officer

POST NUMBER:				
POST NAME:				
POST MAILING ADDRESS:				
ELECTED POST COMMANDER'S NAME:		DOB:		
MEMBER #:		BRANCH OF SERVICE:		
EMAIL ADDRESS (Required to Process Membership)		PHONE NUMBER:		
COMMANDER'S MAILING ADDRESS:		COMPLETED BASIC TRAINING?	Yes/Date	No
CITY:		STATE:	ZIP CODE:	
ELECTED/APPOINTED POST ADJUTANT'S NAME:		DOB:		
MEMBER #:		BRANCH OF SERVICE:		
EMAIL ADDRESS (Required to Process Membership)		PHONE NUMBER:		
ADJUTANT'S MAILING ADDRESS:		COMPLETED BASIC TRAINING?	Yes/Date	No
CITY:		STATE:	ZIP CODE:	
ELECTED/APPOINTED POST SERVICE OFFICER'S NAME:		DOB:		
MEMBER #:		BRANCH OF SERVICE:		
EMAIL ADDRESS:		HOME PHONE NUMBER		
SERVICE OFFICER'S MAILING ADDRESS:		COMPLETED BASIC TRAINING?	Yes/Date	No
CITY:		STATE:	ZIP CODE:	
ELECTED/APPOINTED POST FINANCE OFFICER'S NAME:		DOB:		
MEMBER #:		BRANCH OF SERVICE:		
EMAIL ADDRESS:		PHONE NUMBER:		
MAILING ADDRESS:		COMPLETED BASIC TRAINING?	Yes/Date	No
CITY:		STATE:	ZIP CODE:	

**OFFICER CERTIFICATIONS MUST REACH DEPARTMENT HEADQUARTERS, 318 DONELSON PIKE NASHVILLE, TN 37214, BY JUNE 9, 2025 FOR POST DELEGATES TO VOTE AT THE DEPARTMENT CONVENTION**

# POST OFFICER CERTIFICATION FORM #1 - POST OFFICERS FOR 2025-2026 Continued

## POST OFFICER CERTIFICATION FORM #1 - POST OFFICERS FOR 2025-2026 (CONTINUED)

ELECTED FIRST VICE COMMANDER'S NAME:		DOB:		
MEMBER #:		BRANCH OF SERVICE:		
EMAIL ADDRESS:		PHONE NUMBER:		
MAILING ADDRESS:		COMPLETED BASIC TRAINING?	Yes/Date	No
CITY:		STATE:	ZIP CODE:	
ELECTED POST 2ND VICE COMMANDER'S NAME:		DOB:		
MEMBER #:		BRANCH OF SERVICE:		
EMAIL ADDRESS:		PHONE NUMBER:		
MAILING ADDRESS:		COMPLETED BASIC TRAINING?	Yes/Date	No
CITY:		STATE:	ZIP CODE:	

### Post Executive Committee (Eboard) Members as identified in Post Constitution and Bylaws

Name	Member #	Voting PEC Member?	
		Yes	No

I certify that I have verified the Post Officer's American Legion Eligibility per National, Departmental, and Post Constitution and Bylaws criteria by checking the member's Active Duty Card or appropriate honorable discharge/separation document .

CERTIFYING OFFICER'S SIGNATURE:			
CERTIFYING OFFICER'S PRINTED NAME:		DATE OF CERTIFICATION	