

POST OFFICER CERTIFICATION FORM #1 - POST OFFICERS FOR 2026-2027

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 21, 2026 FOR POST DELEGATES TO VOTE AT THE DEPARTMENT CONVENTION

