POST CERTIFICATION OF OFFICERS _____ Elected/Appointed at a meeting of Post #_____, District convened at _______, Arkansas; on ______,20____ **COMMANDER:**_____Phone #(_____) Address: Member ID 1ST VICE-COMMANDER: Phone#()_____ Address: _____Member ID 2ND VICE-COMMANDER: Phone#()_____ Address: Member ID ADJUTANT:_____Phone#()____ Address: Member ID_ FINANCE OFFICER: Phone#()_____ Member ID Address: CHAPLAIN: Phone# Address: Member ID **SGT-AT-ARMS**: ______ Phone#()_____ Address:______Member ID______ HISTORIAN: Phone# () Address: Member ID JUDGE ADVOCATE: Phone# (Address: Member ID

Mail to: The American Legion, Department of Arkansas, P.O. Box 3280, Little Rock, AR 72203

Post Commander.

POST MEETINGS: Date: Place:

Post Adjutant

Signed:

CERTIFICATION OF INDIVIDUAL SERVICE RECORDS

(PLEASE PRINT OR TYPE INFORMATION)

ΓΙΤLE	NAME	BRANCH OF SERVICE	FROM/TO
COMMANDER			
1ST VICE CMDR			
2ND VICE CMDR			
ADJUTANT			
FINANCE OFFICER			
SERVICE OFFICER			
CHAPLAIN			
HISTORIAN			
SGT-AT-ARMS CHILDN WELFARE			
shall be the duty of the Po	st Adjutant to c	d and installed annually before the Deertify to Department Headquarters, f the newly elected officers immedia	on forms provided for that
Headquarters within fiftee eligibility to membership Department Constitution. the office of the person fa	en days of election The America If such evidence iling to submit	officer's elective and appointive, to sion or appointment, certified copies an Legion in accordance with the quate of eligibility be not submitted with such proof shall be declared vacant are manner as a vacancy in such office	of documents establishing alifications prescribed by the nin the above required time, by the Department
section added by amendm Adjutants be required and	ent on August instructed to tr	17, 1932, and was amended on Septeransmit to Department Headquarters tes and all other pertinent facts perta	ember 4, 1935.) That all Post the names of officers at
SIGNED: Post Adjuta	Post	# Location: City/Town	——————————————————————————————————————