

**CERTIFICATION OF AMERICAN LEGION OF MONTANA POST OFFICERS**

This form **must be returned to Dept. HQ's by May 1<sup>st</sup>**, each year

**Post Name and Number** \_\_\_\_\_

**Day and Time of Post Meetings:** \_\_\_\_\_ **Dues: \$** \_\_\_\_\_

**Post Commander**

**Name:** \_\_\_\_\_ **Member ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Post Adjutant**

**Name:** \_\_\_\_\_ **Member ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Day and Time of Squadron Meetings:** \_\_\_\_\_ **Dues: \$** \_\_\_\_\_

**SAL Commander**

**Name:** \_\_\_\_\_ **Member ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**SAL Adjutant**

**Name:** \_\_\_\_\_ **Member ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Day and Time of Chapter Meetings:** \_\_\_\_\_ **Dues: \$** \_\_\_\_\_

**Legion Riders Director**

**Name:** \_\_\_\_\_ **Member ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Revised: 1/7/2025

**Legion Riders Secretary**

**Name:** \_\_\_\_\_ **Member ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**CERTIFICATION**

**I hereby certify that I have verified each of the above listed officers are eligible for membership in the American Legion and have the right to serve in the above capacity.**

**Signed** \_\_\_\_\_  
**(Post Adjutant)**

**(If Adjutants mail is to  
Go to the Post Address,  
Check here ( )**

**Post Address** \_\_\_\_\_  
\_\_\_\_\_