

CERTIFICATION OF AMERICAN LEGION OF MONTANA POST OFFICERSThis form must be returned to Dept. HQ's by May 1st, 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: _____

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 _____
