



AMERICAN LEGION DEPARTMENT OF COLORADO CERTIFICATION OF POST OFFICERS

POST # _____ DISTRICT # _____ CITY: _____

NAME OF POST AS APPEARS ON CHARTER: _____

Cmdr: _____ ID# _____ Home # _____
 Address: _____ Work # _____
 email address: _____ cell phone # _____

Adjutant: _____ ID# _____ Home # _____
 Address: _____ Work # _____
 email address: _____ cell phone # _____

Sr. Vice: _____ ID# _____ Home # _____
 Address: _____ Work # _____
 email address: _____ cell phone # _____

Jr. Vice: _____ ID# _____ Home # _____
 Address: _____ Work # _____
 email address: _____ cell phone # _____

Finance: _____ ID# _____ Home # _____
 Address: _____ Work # _____
 email address: _____ cell phone # _____

Chaplain: _____ ID# _____ Home # _____
 Address: _____ Work # _____
 email address: _____ cell phone # _____

Historian: _____ ID# _____ Home # _____
 Address: _____ Work # _____
 email address: _____ cell phone # _____

Sgt-At-Arms: _____ ID# _____ Home # _____
 Address: _____ Work # _____
 email address: _____ cell phone # _____

POST HOME ADDRESS: _____ PHONE _____

MAILING ADDRESS: _____

MEETING PLACE ADDRESS: _____

DAY & TIME OF MEETING: _____ am/**pm** AMOUNT OF DUES: \$ _____

DATE: _____ SIGNED BY: _____

Post email address: _____

Post website _____

PLEASE FILL OUT COMPLETELY:

Mail to: The American Legion, 7465 E. 1st Ave #D., Denver, CO 80230 or submit **by email** button. It **is VERY IMPORTANT** to list complete addresses of all POST Officials so that their names may be placed on National and Department mailing lists. This information must be submitted to Department by at least **TEN DAYS** prior to the Department Convention.