THE AMERICAN LEGION
DEPARTMENT OF COLORADO
POST OFFICER CERTIFICATION FORM

140 W. 29th St. #331
Pueblo, CO 81008
303-366-5201
adjutant@coloradolegion.org

This form must be submitted to Department Headquarters before the Annual Department Convention.

Legion Year **District #** **Post #** **Date Submitted**

☐ Officer information has changed since the previous year.

CERTIFICATION

I certify that the officers listed in this form have been duly elected or appointed by the Post and that the information provided is true and correct.

Printed Name Title Date Signed

Electronic Signature of Post Commander or Adjutant

POST COMMANDER

Name Member ID # Phone

Mailing Address City State ZIP

Email Address

POST ADJUTANT

Name Member ID # Phone

Mailing Address City State ZIP

Email Address

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FINANCE OFFICER

Name | Member ID # | Phone

Mailing Address | City | State | ZIP

Email Address

MEMBERSHIP DIRECTOR

Name | Member ID # | Phone

Mailing Address | City | State | ZIP

Email Address

SENIOR VICE COMMANDER

Name | Member ID # | Phone

Mailing Address | City | State | ZIP

Email Address

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JUNIOR VICE COMMANDER

Name | Member ID # | Phone

Mailing Address | City | State | ZIP

Email Address

SECOND JUNIOR VICE COMMANDER

Name | Member ID # | Phone

Mailing Address | City | State | ZIP

Email Address

POST SERVICE OFFICER

Name | Member ID # | Phone

Mailing Address | City | State | ZIP

Email Address

DEPARTMENT USE ONLY

Date Received | **Date Entered** | **Entered By**

Department Notes

COLORADOLEGION.ORG

VALIDATE AND SUBMIT BY EMAIL

Adobe Acrobat validates required fields, then opens an email with the PDF attached. Save the completed form before selecting the email button.