



Department of Washington Official Post Officer Report and Certification

Article XVII: Post Organization: Section 2: Post Officers Elected or Appointed

The annual election and installation of Post officers shall be held prior to the Department Convention, except if requested by a Post showing good cause, the Department Commander may grant permission to hold the election on a date as close after the annual Department Convention as practicable.

Department Bylaws: Article XVIII: Post Operation

Section 2: Notification of Post Officer Elections: Immediately following the election of Post officers, the Post Adjutant shall notify the Department Adjutant of the names, addresses, e-mail address, and telephone numbers of all Post officers and shall include the date of election. In addition, the Post Adjutant shall certify the eligibility of each to be a member of The American Legion. Such certification shall include the office, name, military service of eligibility, dates of active duty. **Until such certification is received and approved by Department Headquarters, qualification for the office to which elected cannot be granted.**

Without this report your post will be denied access to mylegion.org, district and national rosters or post inquiries will show no Post Commander or Adjutant. Your convention delegates to the Department Convention cannot be certified to vote.

No newly elected or appointed Post officer, regardless of the date of installation, may assume their duties of office prior to the first day following the close of the annual Department Convention.

Mail forms to Department of Washington, PO Box 3917, Lacey WA 98509-3917; fax to (360) 491-7442 or email to administrator@walegion.org.

Notification of Post Officers

Post Name: _____ Post #: _____ District #: _____

The following were elected or appointed at Post meeting held at _____, WA on _____ and will take office after the close of the Department Convention.

POSITION: Commander	Name:	ID Number:
Street Address:	City & State:	Zip Code:
Email address:	Home Phone:	Cell Phone:
Date of Enlistment	Date of Discharge	Branch of Service

POSITION: Adjutant	Name:	ID Number:
Street Address:	City & State:	Zip Code:
Email address:	Home Phone:	Cell Phone:
Date of Enlistment	Date of Discharge	Branch of Service

POSITION: Service Officer	Name:	ID Number:
Street Address:	City & State:	Zip Code:
Email address:	Home Phone:	Cell Phone:
Date of Enlistment	Date of Discharge	Branch of Service

Notification of Squadron Officers

POSITION: Squadron Commander	Name:	ID Number:
Street Address:	City & State:	Zip Code:
Email address:	Home Phone:	Cell Phone:
Date of Enlistment	Date of Discharge	Branch of Service

POSITION: Squadron Adjutant	Name:	ID Number:
Street Address:	City & State:	Zip Code:
Email address:	Home Phone:	Cell Phone:
Date of Enlistment	Date of Discharge	Branch of Service

If applicable, check box below:

- Legion Rider Chapter
 Auxiliary
 American Legion Baseball Program

I hereby certify that each of the above officials is eligible to membership in The American Legion and Sons of the American Legion has the consequent right to serve in an official capacity.

Attested:

Signature of Post Adjutant: _____ Date: _____