

**NATIONAL COMMANDER CHARLES E. SCHMIDT
2017 MEMBERSHIP INCENTIVE CERTIFICATE
CERTIFICATION FORM
ONE (1) NEW MEMBER
(Duplicate as needed)**

Date: _____

Recruiter's Name: _____

Membership ID Number: _____

Street Address or PO Box: _____

City, State, ZIP: _____

Email Address: _____

Daytime Phone Number: _____

Send to Post

Send to Recruiter

TO QUALIFY YOU NEED TO RECRUIT (1) NEW MEMBER INTO THE AMERICAN LEGION. (A NEW MEMBER IS DEFINED AS ANY ELIGIBLE PERSON JOINING FOR THE 2017 MEMBERSHIP YEAR WHO WAS NOT A MEMBER OF THE AMERICAN LEGION DURING THE 2016 MEMBERSHIP YEAR).

(1) NEW MEMBER:
(Include full name, department, post)

1. _____

*Please Note: The member listed must be eligible for membership in The American Legion. Please forward names of SAL members or Auxiliary members to your detachment or unit for use in their respective incentive programs.

***All requested information is mandatory. Please ensure form is filled out completely before submission**

**Return completed forms to: The American Legion
National Membership Division
PO Box 1055
Indianapolis, IN 46206**

**or by Fax: 317-630-1413
Email: ssparks@legion.org or
rherron@legion.org**