

The American Legion



For God and Country
LOUISIANA

★DEPARTMENT HEADQUARTERS★ P.O. BOX 3749★
★BATON ROUGE, LOUISIANA 70821★
★(225) 219-1945★ FAX (225) 219-1941★

2022-2023 POST MANDATORY FORM PACKAGE

Your 2022-2023 Post Commander and/or Adjutant information must be filled in on all attached forms whether you have changed or not. Completed forms must be received in Department HG no later than July 1, 2022.

District _____

PLEASE PRINT CLEARLY

Post _____

COMMANDER

NAME _____ MBR # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

FAX _____

EMAIL ADDRESS _____

ADJUTANT

NAME _____ MBR # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

FAX _____

EMAIL ADDRESS _____

LEGION RIDERS YES _____ NO _____ CONTACT
NAME & # _____

HONOR GUARD YES _____ NO _____ CONTACT
NAME & # _____

SQUADRON YES _____ NO _____ CONTACT
NAME & # _____

HALL RENTAL YES _____ NO _____ CONTACT
NAME & # _____



THE AMERICAN LEGION NATIONAL HEADQUARTERS

Notification of Post/Squadron Commanders & Adjutants

Department of Louisiana

Dist ____

Post No.

Date

POST COMMANDER

Enter Member ID # Incumbent Newly Elected/Appointed

Name

Phone Cell Home Work

Email

POST ADJUTANT

Enter Member ID # Incumbent Newly Elected/Appointed

Name

Phone Cell Home Work

Email

(Complete this section if Post has an SAL Squadron.)

SQUADRON COMMANDER

Enter Member ID # Incumbent Newly Elected/Appointed

Name

Phone Cell Home Work

Email

SQUADRON ADJUTANT

Enter Member ID # Incumbent Newly Elected/Appointed

Name

Phone Cell Home Work

Email

SIGNATURE OF POST ADJUTANT

Certification of Service Record of The American Legion Post Officers to the Department Adjutant

(2022-2023) _____
(Date)

Pursuant to action of the 13th Annual National Convention of The American Legion at Detroit, Michigan, September 24, 1931, I have examined the service record of each of the following officials who have been duly elected or appointed to serve Dist # _____ Post No. _____, Department of **LOUISIANA** for the ensuing year **2022-2023**.

Rank and
Organization

Member ID

Date of
Enlistment

Date of
Discharge

Name

Character of Discharge

Commander						
Vice Commander						
Vice Commander						
Adjutant						
Historian						
Finance Officer						
Service Officer						
Chaplain						
Judge Advocate						
Sgt. At Arms						
Color Bearer						
Color Bearer						

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

(Signed)
(Post Commander/or Adjutant)

Please return this form to Department Headquarters not later than July 1, 2022
File: OfficeWide/2021-2022 Reports and Forms/Certification of Service Record/revised 02-07-22

