

**THE AMERICAN LEGION
DEPARTMENT OF TEXAS**

DIVISION OFFICER CERTIFICATION FORM

I, _____, as presiding officer of the _____ Division Convention held at _____, Texas on _____, 20____, certify that the following were duly elected by said Convention in accordance with provisions of the Department Constitution and By-Laws.

DIVISION COMMANDER

Name	Address	City	Zip Code
Res. _____ / _____	Cell _____ / _____		Post # _____
SSN: _____ - _____ - _____		Membership ID# _____	
Email _____			

Cap Size _____ First new cap, for incoming District and Division Commanders only, will be presented at the Department Convention (free of charge) (Cap size is needed as soon as possible.)

DIVISION ADJUTANT (If one is elected or appointed)

Name	Address	City	Zip
Res. _____ / _____	Cell _____ / _____		Post # _____
Email _____		Membership ID# _____	

DIVISION HUBMASTER (If one is elected or appointed)

Name	Address	City	Zip
Res. _____ / _____	Cell _____ / _____		Post # _____
Email _____		Membership ID# _____	

ATTEST:

Division Commander

Adjutant

(To be completed and mailed to Department Headquarters, PO Box 140527, Austin, TX 78714 without delay.)

A COPY OF THE NEWLY ELECTED OFFICERS DD214 MUST BE SENT TO DEPARTMENT.

Division Certification of Eligibility for American Legion Officers

(NOTE: Original forwarded to the Department Adjutant and one copy retained by the Division)

TO THE DEPARTMENT ADJUTANT

DATE: _____

Pursuant to the action of Resolution No. 5 from the May 9 – 10, 2018 Spring Meeting of the National Executive Committee of The American Legion in Indianapolis, Indiana I have examined the service record of each of the following officers who have been duly elected or appointed to serve Division _____ for the year of 20____ to 20_____.

Position	Name	Member ID#	Date of Enlistment	Date of Discharge	Organization (Branch)
Commander	_____	_____	_____	_____	_____
Vice Commander	_____	_____	_____	_____	_____
Vice Commander	_____	_____	_____	_____	_____
Adjutant	_____	_____	_____	_____	_____
Historian	_____	_____	_____	_____	_____
Chaplain	_____	_____	_____	_____	_____
Hubmaster	_____	_____	_____	_____	_____
Finance Officer	_____	_____	_____	_____	_____
Service Officer	_____	_____	_____	_____	_____
Judge Advocate	_____	_____	_____	_____	_____
Sgt-at-Arms	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

I hereby certify that each of the above officers are eligible for membership in The American Legion.

(Signed) _____
(District Commander/Adjutant)