

2025 - 2026 CERTIFICATION OF POST OFFICERS FORM

Please complete this form and return it to Department Headquarters by June 1, 2025 for the Membership Chairman to receive the Post's 2026 Membership Cards.

Post Information	DISTRICT #:	POST #:
NAME OF POST AS CHARTERED:		
CITY:	COUNTY:	
POST E-MAIL:		

Post Officers

POST COMMANDER:	ID #:
MOBILE #:	E-MAIL:
STREET ADDRESS:	CITY: STATE/ZIP:

POST 1st VICE COMMANDER:	ID #:
MOBILE #:	E-MAIL:
STREET ADDRESS:	CITY: STATE/ZIP:

POST ADJUTANT:	ID #:
STREET ADDRESS:	CITY: STATE/ZIP:
MOBILE #:	E-MAIL:

POST MEMBERSHIP CHAIRMAN: Membership Cards will be Mailed to this Address	ID #:
MOBILE #:	E-MAIL:
STREET ADDRESS:	CITY: STATE/ZIP:

POST FINANCE OFFICER:	ID #:
MOBILE #:	E-MAIL:
STREET ADDRESS:	CITY: STATE/ZIP:

POST 2 ND VICE COMMANDER:		ID #:
MOBILE #:	E-MAIL:	
STREET ADDRESS:	CITY:	STATE/ZIP:

POST SERVICE OFFICER:		ID #:
MOBILE #:	E-MAIL:	
STREET ADDRESS:	CITY:	STATE/ZIP:

POST CHAPLAIN:		ID #:
MOBILE #:	E-MAIL:	
STREET ADDRESS:	CITY:	STATE/ZIP:

2025-2026 Post Commander Signature

2025-2026 Post Adjutant Signature

This form is also available as a PDF writeable online at ohiolegion.com
OR you can email a scanned copy to Forms@ohiolegion.com.