

THE AMERICAN LEGION DEPARTMENT OF



DEPARTMENT HEADQUARTERS: 60 BIG RUN ROAD, DELAWARE, OHIO 43015-8007
PHONE: 740-362-7478 EMAIL: LEGION@OHIOLEGION.COM

2026 - 2027 CERTIFICATION OF POST OFFICERS

Please complete this form and return it to Department Headquarters as soon as your new officers are elected and assume office or by the **June 1st, 2026**, deadline for the Membership Chairman to receive the Post's 2027 Membership Cards. This form can be completed & emailed to forms@ohiolegion.com or mailed into Department HQ. This information is necessary for Department to compile state communication data. Please double-check the accuracy of all information.

THIS CURRENT FORM MUST BE RETURNED TO DEPARTMENT EVEN IF POST OFFICERS REMAIN THE SAME.

PLEASE PRINT NEATLY OR TYPE

Post Information	DISTRICT#:	POST#:
NAME OF POST AS CHARTERED:		
POST PHYSICAL ADDRESS:		
CITY:		COUNTY:
POST MAILING ADDRESS:		
CITY:		COUNTY:
POST PHONE #:		
POST E-MAIL ADDRESS:		
Amount of Post Dues: \$	Contact for Hall rental:	

Post meets:

(day/week)

(time)

(place of meeting)

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

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

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

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

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

MEMBERSHIP CHAIRMAN:		ID #:
MOBILE #:	E-MAIL:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:

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

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

POST JUDGE ADVOCATE:		ID #:
MOBILE #:	E-MAIL:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:

2026-2027 Post Commander Signature

2026-2027 Post Adjutant Signature

If emailing this form to Department HQ after completion, send to: forms@ohiolegion.com