



# THE AMERICAN LEGION - DEPARTMENT OF OHIO POST CHAIRMAN CERTIFICATION



To provide better service to those Post Members, the Department requests each Post to please *complete this Chairman Certification and return to Department Headquarters, attention programs*. Failure to return this form every year will result in mailings being sent to the wrong person. A new mailing list is created each year. Information is NOT carried over from a previous year.

## 2024-2025 POST PROGRAM CHAIRMAN

### *AMERICANISM CHAIRMAN (including A & G Test)*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### *BUCKEYE BOYS STATE CHAIRMAN*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### *CHILDREN AND YOUTH CHAIRMAN*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### *VA&R CHAIRMAN*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**NATIONAL SECURITY CHAIRMAN**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**GIFTS FOR YANKS CHAIRMAN**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**LEGISLATIVE CHAIRMAN**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**MEDIA, MARKETING & COMMUNICATIONS CHAIRMAN**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**AMERICAN LEGION RIDERS CHAIRMAN**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_ **POST:** \_\_\_\_\_  
**POST ADJUTANT**