

POST CERTIFICATION OF OFFICERS 2023/2024

Elected/Appointed at a meeting of Post #____, District__ convened at _____, Arkansas; on _____,20__.

COMMANDER: _____ Phone # () _____

Address: _____ Membr ID# _____

1ST VICE-COMMANDER: _____ Phone# () _____

Address: _____ Membr ID# _____

2ND VICE-COMMANDER: _____ Phone#() _____

Address: _____ Membr ID# _____

ADJUTANT: _____ Phone#() _____

Address: _____ Membr ID# _____

FINANCE OFFICER: _____ Phone#() _____

Address: _____ Membr ID# _____

CHAPLAIN: _____ Phone#() _____

Address: _____ Membr ID# _____

SGT-AT-ARMS: _____ Phone#() _____

Address: _____ Membr ID# _____

HISTORIAN: _____ Phone# () _____

Address: _____ Membr ID# _____

JUDGE ADVOCATE: _____ Phone# () _____

Address: _____ Membr ID# _____

POST MEETINGS: Date: _____ Place: _____

Signed: _____
Post Adjutant Post Commander.

Fill out and email to: alegion@swbell.net