CHAPTER	AREA(1,2,3,4,5 or 6)

CERTIFICATION OF SERVICE RECORD OF AMERICAN LEGION RIDERS CHAPTER OFFICERS

DEPARTMENT OF CALIFORNIA

CHAPTER YEAR
2026-2027

THIS FORM IS TO BE USED BY A PROPOSED NEW CHAPTER ONLY. This form will not be accepted for yearly Certification of Officers. The yearly forms generate from the online roster.

CHAPTER FACEBOOK/WEBSITE ADDRESSES

CHAPTER PHYSICAL ADDRESS	POST PHONE NUMBER	CHAPTER YEARLY DUES $	CHARTER DATE	OFFICER ELECTION DATE	INSTALLATION DATE

CHAPTER MAILING ADDRESS:	ADDRESS OF REGULAR MEETINGS if different from physical address.	MEETING DAY & TIME EXAMPLE: 3RD WEDNESDAY AT 6PM

OFFICERS	NAME PRINT ONLY AND LEGIBLY	MEMBERSHIP I.D. (9 DIGITS)	TELEPHONE NO. (Show area code)	LEGION	AUXILIARY	SQUADRON
Director				☐	☐	☐
Vice Director				☐	☐	☐
Secretary				☐	☐	☐
Treasurer				☐	☐	☐
Sgt. At Arms				☐	☐	☐
Chaplain				☐	☐	☐
Historian				☐	☐	☐
Road Captain				☐	☐	☐
Judge Advocate				☐	☐	☐
Membership				☐	☐	☐

I hereby certify that each of the above officers is eligible for membership in The American Legion Riders and has the consequent right to service in such capacity in accordance with Article V, Section 3 of the Department Bylaws.

_____ _____

(Chapter Director) **(Chapter Secretary)**

ONE COPY TO: **Department Secretary** ONE COPY TO: **Area Vice Director** ONE COPY: **Chapter Files**