Sons of The American Legion

DETACHMENT OF NEW YORK
112 State St., Suite 1300, Albany, NY 12207
518-463-2215 800-253-4466

OFFICER CERTIFICATION FORM (OCF)

PLEASE TYPE OR PRINT NEATLY – ILLEGIBLE FORMS WILL BE RETURNED

Instructions on reverse

_____ _____ _____

Signature of Commander **Date** **Signature of Adjutant**

Sons of The American Legion Officers elected on _____

Check ONE applicable entry (fill in all information) **Year: 200____ - 200____**

☐ **Squadron Name, Number** _____

Address: _____ **Phone:** _____

***Provide a contact email address for your organization:_____

☐ **County Name** _____ ☐ **District Number** _____

MEMBER ID#	OFFICE	MAILING ADDRESS	PHONE # (w/ac)
	COMMANDER		
	1ST VICE COMMANDER		
	2ND VICE COMMANDER		
	3RD VICE COMMANDER		
	ADJUTANT		
	CHAPLAIN		
	HISTORIAN		
	TREASURER		
	SERGEANT-AT-ARMS		
	ADVISOR		

☐ Check here if additional officers or committee chairmen are listed on reverse.

☐ Check here to request a Detachment Manual be sent to Adjutant. (**Only** for counties, districts or any new organizations who submit form after August 31st.)