

NATIONAL COMMANDER BRETT P. REISTAD
2019 MEMBERSHIP INCENTIVE PIN
Certification Form
(3) New Members

Please make sure that the address, phone number and email address provided is for the recruiter and not the post.

Date: _____

Recruiter's Name: _____

Membership ID Number: _____

Street Address or PO Box: _____

City, State, Zip: _____

Email Address: _____

Daytime Phone Number: _____

Send to Post

Send to Recruiter

TO QUALIFY YOU NEED TO RECRUIT (3) NEW MEMBERS INTO THE AMERICAN LEGION. (A NEW MEMBER IS DEFINED AS ANY ELIGIBLE PERSON JOINING FOR THE 2019 MEMBERSHIP YEAR WHO WAS NOT A MEMBER OF THE AMERICAN LEGION DURING THE 2018 MEMBERSHIP YEAR).

PLEASE NOTE: EACH NEW MEMBER LISTED MUST BE ELIGIBLE FOR MEMBERSHIP IN THE AMERICAN LEGION. PLEASE FORWARD THE NAMES OF NEW SAL MEMBERS OR AUXILIARY MEMBERS TO YOUR SQUADRON OR UNIT FOR USE IN THEIR RESPECTIVE INCENTIVE PROGRAMS.

(3) NEW MEMBERS:
(Include full name, department, post)

1. _____
2. _____
3. _____

All requested information is mandatory. Please ensure form is filled out completely before submission. Please allow up to 2 weeks for processing.

Return completed forms to:
The American Legion
National Internal Affairs & Membership Division
PO Box 1055
Indianapolis, IN 46206

Fax: 317-630-1413

Email: ksingleton@legion.org

