



THE AMERICAN LEGION RIDERS OF GEORGIA

"Ride And Serve By Example"

ALR Chapter Certification Form

20 ____ / 20 ____

(Must be completed within 7 days after annual elections)

Email completed form to: dogalrdirector@gmail.com

District # ____ Post # ____

Mailing Address: _____ City: _____ ST: ____ Zip: _____

ALR Meeting Day of the Month: (i.e. 2nd Thursday) _____ Time: _____

ALR Membership: Legion: ____ Auxiliary: ____ SAL: ____ Total: ____

| Office | Officer Name "Road Name" | Address | City | ST | Zip | Phone | E-Mail |
|----------------------|-----------------------------|---------|------|----|-----|-------|--------|
| * Director | | | | | | | |
| * Assistant Director | | | | | | | |
| * Treasurer | | | | | | | |
| * Secretary | | | | | | | |
| * Sergeant-At-Arms | | | | | | | |
| Road Captain | | | | | | | |
| Activities Officer | | | | | | | |
| Safety Officer | | | | | | | |
| Judge Advocate | | | | | | | |
| Chaplain | | | | | | | |
| Historian | | | | | | | |
| Webmaster | | | | | | | |

(* Required Officer Position)

I hereby certify that each Officer is a current member of either the: American Legion, Auxiliary or S.A.L.

Post Commander or Adjutant, Signed: _____ Date: _____