

**NATIONAL COMMANDER CHARLES E. SCHMIDT
2017 MEMBERSHIP INCENTIVE CERTIFICATE
CERTIFICATION FORM
ONE (1) NEW MEMBER
(Duplicate as needed)**

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 (1) NEW MEMBER INTO THE AMERICAN LEGION. (A NEW MEMBER IS DEFINED AS ANY ELIGIBLE PERSON JOINING FOR THE 2017 MEMBERSHIP YEAR WHO WAS NOT A MEMBER OF THE AMERICAN LEGION DURING THE 2016 MEMBERSHIP YEAR).

**(1) NEW MEMBER:
(Include full name, department, post)**

1. _____

*Please Note: The member listed must be eligible for membership in The American Legion. Please forward names of SAL members or Auxiliary members to your detachment or unit for use in their respective incentive programs.

***All requested information is mandatory. Please ensure form is filled out completely before submission**

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

**or by Fax: 317-630-1413
Email: ssparks@legion.org or
rherron@legion.org**

**NATIONAL COMMANDER CHARLES E. SCHMIDT
2017 MEMBERSHIP INCENTIVE PIN
CERTIFICATION FORM
THREE (3) NEW MEMBERS
(Duplicate as needed)**

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 2017 MEMBERSHIP YEAR WHO WAS NOT A MEMBER OF THE AMERICAN LEGION DURING THE 2016 MEMBERSHIP YEAR).

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

1. _____
2. _____
3. _____

*Please Note: Each member listed must be eligible for membership in The American Legion. Please forward names of SAL members or Auxiliary members to your detachment or unit for use in their respective incentive programs.

***All requested information is mandatory. Please ensure form is filled out completely before submission**

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100% AMERICAN LEGION FAMILY RIBBON

100% American Legion Family Ribbons will be awarded to any post family that achieves 100% membership by the 2017 100% target date. (Legion Family is defined as a post **and/or** any combination of Auxiliary unit or SAL squadron. **(Each must achieve 100% to qualify)**)

TO: The American Legion
 Attn: Membership Division
 P.O. Box 1055
 Indianapolis, IN 46206

Date _____

The Department of _____ certifies that the following American Legion posts families have achieved 100% of their American Legion Family goal. (For example, if a Legion post has an Auxiliary unit and/or a SAL squadron; they all must achieve 100%.)

Examples

100% Post <i>(please include post #)</i>	100% Auxiliary	100% Squadron	No. of Ribbons
Post 29	Yes	Yes	3
Post 50	Yes	no squadron attached	2
Post 500	no auxiliary unit	Yes	2

Check all that apply:

100% Post <i>(please include post #)</i>	100% Auxiliary	100% Squadron	ALR Chapter <i>(yes/no)</i>	No. of Ribbons

**DEADLINE IS MAY 30TH
 DUPLICATE AS NECESSARY**

 Department Adjutant

 Department

