

**NATIONAL COMMANDER 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: _____

Daytime Phone Number: _____

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 2016 MEMBERSHIP YEAR WHO WAS NOT A MEMBER OF THE AMERICAN LEGION DURING THE 2015 MEMBERSHIP YEAR).

(3) NEW MEMBERS:

(Include full name, Department, Post, membership ID number)

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.

**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**