



*POST INSTALLATION*  
*THE AMERICAN LEGION - DEPARTMENT OF VERMONT*

Please Check One:

- 1<sup>ST</sup> DISTRICT COMMANDER       2<sup>ND</sup> DISTRICT COMMANDER  
 3<sup>RD</sup> DISTRICT COMMANDER       4<sup>TH</sup> DISTRICT COMMANDER  
 5<sup>TH</sup> DISTRICT COMMANDER

DATE: \_\_\_\_\_

THIS IS TO CERTIFY THAT: \_\_\_\_\_

OF \_\_\_\_\_ POST NO. \_\_\_\_\_

WAS INSTALLED ON: \_\_\_\_\_ FOR LEGION YEAR: \_\_\_\_\_

BY INSTALLING OFFICER: \_\_\_\_\_

SIGNED BY POST COMMANDER: \_\_\_\_\_

This is to certify that proof of payment of dues for the current year of \_\_\_\_\_ have been shown to me by duly elected officers prior to their installation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Post Commander shall fill out the first half of this form.**

**The Installing Officer shall fill out the second half of the form.**

**Proof of payment of dues MUST be in the form of a membership card for the year in which they will serve in the Post concerned.**

**INSTALLING OFFICER SHALL FORWARD THIS FORM  
TO DEPARTMENT HEADQUARTERS**