

# National Commander's Incentive Pin Award

## Certification Form

(Duplicate as needed)

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

**Fax 317-630-1413**

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

Recruiter's Name: \_\_\_\_\_

Recruiter's Membership Number: \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**LIST NEW MEMBERS** (Include full name, gaining post and date recruited)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**NOTE: TO MAINTAIN THE INTEGRITY OF THE NATIONAL COMMANDER'S  
PIN AND CAP BAG INCENTIVE PROGRAM, ONLY ONE OF EACH WILL BE  
AWARDED PER INDIVIDUAL**

**3 NEW MEMBERS TO QUALIFY FOR (1) PIN**

**6 OR MORE NEW MEMBERS TO QUALIFY FOR (1) CAP BAG**