



NATIONAL COMMANDER JAMES W. "BILL" OXFORD
103 PERCENT MEMBERSHIP GOAL
2020 MEMBERSHIP INCENTIVE PIN
(CERTIFICATION FORM)



This form must be sent to the department headquarters to be verified by the department adjutant.

Date: _____

Name: _____

Membership ID Number: _____

Street Address or PO Box: _____

City, State, Zip: _____

Email Address: _____

A PIN WILL BE AWARDED TO ANY POST, DISTRICT, COUNTY, DIVISION, DEPARTMENT COMMANDER OR MEMBERSHIP CHAIRMAN WHO ACHIEVES 103 PERCENT OF THEIR ASSIGNED MEMBERSHIP GOAL FOR 2020.

I CERTIFY THAT THE INDIVIDUAL LISTED ABOVE HAS REACHED 103 PERCENT OF THEIR 2020 MEMBERSHIP GOAL.

Department Adjutant

Date

For Department use only – return completed forms to:
The American Legion
National Internal Affairs & Membership Division
PO Box 1055
Indianapolis, IN 46206

Fax: 317-630-1413

Email: kadams@legion.org