

**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](mailto:ssparks@legion.org) or  
[rherron@legion.org](mailto:rherron@legion.org)**