

**NATIONAL COMMANDER MEMBERSHIP INCENTIVE PIN
CERTIFICATION FORM
RENEW FIVE (5) EXISTING 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 RENEW (5) EXISTING MEMBERS INTO THE AMERICAN LEGION.
RENEWALS PRIOR TO OCTOBER 8TH TARGET DATE DOES NOT COUNT FOR THIS INCENTIVE.**

**(5) RENEWED MEMBERS:
(Include full name, Department, Post, membership ID number)**

1.
2.
3.
4.
5.

*Forms will be accepted until September 2, 2015

*Please Note: Each member listed must be a Legion member. 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**