

**NATIONAL COMMANDER BRETT P. REISTAD**  
**2019 MEMBERSHIP INCENTIVE PIN**  
**Certification Form**  
**(3) New Members**

**Please make sure that the address, phone number and email address provided is for the recruiter and not the post.**

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 (3) NEW MEMBERS INTO THE AMERICAN LEGION. (A NEW MEMBER IS DEFINED AS ANY ELIGIBLE PERSON JOINING FOR THE 2019 MEMBERSHIP YEAR WHO WAS NOT A MEMBER OF THE AMERICAN LEGION DURING THE 2018 MEMBERSHIP YEAR).**

**PLEASE NOTE: EACH NEW MEMBER LISTED MUST BE ELIGIBLE FOR MEMBERSHIP IN THE AMERICAN LEGION. PLEASE FORWARD THE NAMES OF NEW SAL MEMBERS OR AUXILIARY MEMBERS TO YOUR SQUADRON OR UNIT FOR USE IN THEIR RESPECTIVE INCENTIVE PROGRAMS.**

**(3) NEW MEMBERS:**  
**(Include full name, department, post)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**All requested information is mandatory. Please ensure form is filled out completely before submission. Please allow up to 2 weeks for processing.**

**Return completed forms to:**  
**The American Legion**  
**National Internal Affairs & Membership Division**  
**PO Box 1055**  
**Indianapolis, IN 46206**

**Fax: 317-630-1413**

**Email: [ksingleton@legion.org](mailto:ksingleton@legion.org)**

