THE AMERICAN LEGION RIDERS OF GEORGIA

"Ride And Serve By Example"

ALR Chapter Certification Form

20____ / 20____

(Must be completed within 7 days after annual elections)

Email completed form to: dogalrdirector@georgialegion.org

District #: ____ Post #: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

ALR Meeting Day of the Month: (i.e. 2nd Thursday) _____ Time: _____

ALR Membership: Legion: _____ Auxiliary: _____ SAL: _____ Total: _____

Office	Officer Name "Road Name"	Address	City	ST	Zip	Phone	E-Mail
* Director							
* Assistant Director							
* Treasurer							
* Secretary							
* Sergeant-At-Arms							

Road Captain							
Activities Officer							
Safety Officer							
Judge Advocate							
Chaplain							
Historian							
Webmaster							

(* Required Officer Position)

I hereby certify that each Officer is a current member of either the: American Legion, Auxiliary or S.A.L.

Post Commander or Adjutant, Signed: _____ Date: _____

Revised July 6th, 2026