



VETERANS OF FOREIGN WARS OF THE UNITED STATES
 NATIONAL HEADQUARTERS
 406 WEST 34TH STREET KANSAS CITY, MISSOURI 64111



POST CONSOLIDATION CERTIFICATION

To: The Commander-in-Chief

Through: Commander, Department of _____

Pursuant to Section 209, National Bylaws, certification is hereby made through channels, for consolidation of:

_____, VFW Post No. _____, _____, _____
POST NAME CHARTER CITY STATE

WITH

_____, VFW Post No. _____, _____, _____
POST NAME CHARTER CITY STATE

TO BE KNOWN AS

_____, VFW Post No. _____, _____, _____
POST NAME CHARTER CITY STATE

Regular Meeting Address: _____

Regular Meeting Date/Time: _____

The following officers were elected:

Commander: _____
NAME MEMBERSHIP NUMBER

Senior Vice Commander: _____
NAME MEMBERSHIP NUMBER

Junior Vice Commander: _____
NAME MEMBERSHIP NUMBER

Quartermaster: _____
NAME MEMBERSHIP NUMBER

1 Year Trustee: _____
NAME MEMBERSHIP NUMBER

2 Year Trustee: _____
NAME MEMBERSHIP NUMBER

3 Year Trustee: _____
NAME MEMBERSHIP NUMBER

In addition, the following officers were appointed and/or elected:

Adjutant: _____
NAME MEMBERSHIP NUMBER

Chaplain: _____
NAME MEMBERSHIP NUMBER

Judge Advocate: _____
NAME MEMBERSHIP NUMBER

Surgeon: _____
NAME MEMBERSHIP NUMBER

Benefits Advisor: _____
NAME MEMBERSHIP NUMBER

I hereby attest by my signature that written notice was sent to all members of the Posts involved at least fourteen (14) days in advance of the joint meeting conducted on the above date, that all actions, with exception of the election and appointment of officers, were approved by a two-thirds (2/3) vote of the members present and voting at the stated meeting, that proof of eligibility has been verified and the elected and appointed officers have been duly installed.

Department Representative: _____
PRINTED NAME SIGNATURE DATE

Department Acknowledgement: _____
DEPARTMENT COMMANDER/ADJUTANT PRINTED NAME SIGNATURE DATE