

POST CERTIFICATION OF OFFICERS FORM 2018-2019

POST NUMBER # _____

DISTRICT NUMBER _____

CHARTER NAME _____

Date __/__/18

DUES \$ _____

COMPLETE AND ACCURATE INFORMATION IS NEEDED FOR COMPILING OUR MAILING LIST AND THE DEPARTMENT'S DIRECTORY OF OFFICERS.

POST COMMANDER:

(FIRST) (MIDDLE) (LAST) (SPOUSE)

Address: _____
STREET CITY ZIP

MEMBERSHIP # _____ Email: _____

Phone Number: ____-____-____ Work Number: ____-____-____

***POST ADJUTANT:**

(FIRST) (MIDDLE) (LAST) (SPOUSE)

Address: _____
STREET CITY ZIP

MEMBERSHIP # _____ Email: _____

Phone Number: ____-____-____ Work Number: ____-____-____

POST FINANCE OFFICER:

(FIRST) (MIDDLE) (LAST) (SPOUSE)

Address: _____
STREET CITY ZIP

MEMBERSHIP # _____ Email: _____

Phone Number: ____-____-____ Work Number: ____-____-____

(over)

POST SERVICE OFFICER:

(FIRST) (MIDDLE) (LAST) (SPOUSE)

Address: _____
STREET CITY ZIP

MEMBERSHIP # _____ Email: _____

Phone Number: ____ - ____ - ____ Work Number: ____ - ____ - ____

POST MEMBERSHIP CHAIRMAN:

(FIRST) (MIDDLE) (LAST)

Address: _____
STREET CITY ZIP

MEMBERSHIP # _____ Email: _____

Phone Number: ____ - ____ - ____ Work Number: ____ - ____ - ____

Location of Meetings: _____

Post Phone: () ____ - ____ Post e-mail address: _____

Mailing address of Post: _____

Meetings held on: _____ : _____ AM/PM
(Please indicate Day of Week and Month) (Time)

Does your post have:
Sons of the American Legion squadron? YES/NO An auxiliary unit? YES/NO

WHEN COMPLETE MAIL FORM TO:

**THE AMERICAN LEGION
ATTN: ERICA ECCLESTON
1708 COMMONWEALTH AVENUE
RICHMOND VA 23230**

AS SOON AS POSSIBLE – PLEASE...NO LATER THAN JUNE 30th.

***All information from Department Headquarters goes to the Post Adjutant unless otherwise noted: _____**