

20 \_\_\_\_\_ - 20 \_\_\_\_\_

**ANNUAL POST  
INFORMATION AND  
POST OFFICERS FORM**

POST NO.

DIST. NO.

ZONE  
NO.

**IMPORTANT NOTE:** This form **MUST** be received at Department Headquarters before any membership cards will be issued.

**POST INFORMATION ONLY:** *(Make any corrections as needed)*

NAME OF POST AS IT APPEARS ON YOUR CHARTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

MEETING LOCATION: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_ / \_\_\_\_\_

**DOES YOUR POST HAVE THE FOLLOWING:** *(Check all that are applicable)*

BAR / LOUNGE     HANDICAP ACCESSIBLE     HONOR GUARD     SQUADRON     LEGION RIDERS

**POST OFFICER INFORMATION**

*Make any corrections as needed on the blank lines below*

<b>OFFICER</b>	<b>NAME</b>	<b>MEMBERSHIP ID#</b>	<b>PHONE/EMAIL ADDRESS</b>
COMMANDER	_____ .....	_____ .....	_____ .....
ADJUTANT	_____ .....	_____ .....	_____ .....
FINANCE	_____ .....	_____ .....	_____ .....
SERVICE OFFICER	_____ .....	_____ .....	_____ .....