

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: _____

MAILING
ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

EMAIL ADDRESS: _____ **PHONE NO.:** _____

ADDRESS OF THE
MEETING LOCATION: _____ **DATE/TIME:** _____ / _____

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

BAR / LOUNGE HANDICAP ACCESSIBLE HONOR GUARD SQUADRON LEGION RIDERS

POST OFFICER INFORMATION

Make any corrections as needed on the blank lines below

OFFICER	NAME	MEMBERSHIP ID#	PHONE/EMAIL ADDRESS
COMMANDER	_____	_____	_____
ADJUTANT	_____	_____	_____
FINANCE	_____	_____	_____
SERVICE OFFICER	_____	_____	_____