

20__ - 20__

POST # _____

POST OFFICERS REPORT FORM

(This form is **REQUIRED**)

ORIGINAL must be returned to Department

POST NAME

MAILING ADDRESS

OFFICE PHONE

PHYSICAL ADDRESS

CLUB PHONE (If applicable)

\$ _____

DUES

MEETING DAY AND TIME

E-MAIL ADDRESS

| OFFICER | MAILING ADDRESS | PHONE |
|--------------------------------------|-----------------|---------|
| COMMANDER MEMBERSHIP NUMBER | | C H |
| SR VICE CMDR MEMBERSHIP NUMBER | | C H |
| JR VICE CMDR MEMBERSHIP NUMBER | | C H |
| ADJUTANT MEMBERSHIP NUMBER | | C H |
| JUDGE ADVOCATE MEMBERSHIP NUMBER | | C H |
| FINANCE OFFICER MEMBERSHIP NUMBER | | C H |
| CHAPLAIN MEMBERSHIP NUMBER | | C H |
| HISTORIAN MEMBERSHIP NUMBER | | C H |
| SERVICE OFFICER MEMBERSHIP NUMBER | | C H |
| | OVER " " " " | " " " " |

| OFFICER | MAILING ADDRESS | PHONE |
|---|--|--------|
| SGT AT ARMS MEMBERSHIP NUMBER | | C H |
| AMERICANISM CHM MEMBERSHIP NUMBER | | C H |
| BASEBALL CHMN MEMBERSHIP NUMBER | | C H |
| BOYS STATE CHMN MEMBERSHIP NUMBER | | C H |
| CHILDREN YOUTH CHMN MEMBERSHIP NUMBER | | C H |
| COMMUNITY SERVICE CHMN MEMBERSHIP NUMBER | | C H |
| LEGISLATIVE CHMN MEMBERSHIP NUMBER | | C H |
| MEMBERSHIP CHMN MEMBERSHIP NUMBER | | C H |
| ORATORICAL CHMN MEMBERSHIP NUMBER | | C H |
| PUBLIC RELATIONS CHMN MEMBERSHIP NUMBER | | C H |
| OTHER CHAIRMEN: MEMBERSHIP NUMBER | | C H |
| <hr/> <p style="text-align: center;">DATE</p> | <hr/> <p style="text-align: center;">POST ADJUTANT'S SIGNATURE</p> | |

PLEASE RETURN THIS COMPLETED FORM TO DEPARTMENT HEADQUARTERS IMMEDIATELY FOLLOWING POST ELECTIONS

20____ - 20____

Post # _____

CERTIFICATION OF SERVICE RECORD OF AMERICAN LEGION OFFICIALS

(This form is REQUIRED and will be returned if not completed.)

Pursuant to the action of the 13th Annual National Convention of The American Legion at Detroit, Michigan, September 24, 1931, I have examined the service record of each of the following officials who have been duly elected to serve POST _____.

TO COMPLY WITH NATIONAL AND UPDATE THE DEPARTMENT FILE, THE DATA FOR EACH PERSON IS REQUIRED!

| NAME | DATE OF ENLISTMENT | DATE OF DISCHARGE | RANK AND ORGANIZATION | SERIAL NUMBER |
|-------------------------------------|--------------------|-------------------|-----------------------|---------------|
| COMMANDER MEMBER ID NO. | | | | |
| VICE COMMANDER MEMBER ID NO. | | | | |
| JR. VICE COMMANDER MEMBER ID NO. | | | | |
| ADJUTANT MEMBER ID NO. | | | | |
| HISTORIAN MEMBER ID NO. | | | | |
| CHAPLAIN MEMBER ID NO. | | | | |
| FINANCE OFFICER MEMBER ID NO. | | | | |
| JUDGE ADVOCATE MEMBER ID NO. | | | | |
| SERGEANT AT ARM MEMBER ID NO. | | | | |
| SERVICE OFFICER MEMGER ID NO. | | | | |

I hereby certify that each of the above officials is eligible for membership in The American Legion and has the consequent right to serve in an official capacity.

Post Adjutant

Date