

| REQUIRED | |
|----------|-------|
| POST# | DIST# |

POST INFORMATION AND OFFICER REPORT

MAKE SURE EACH SECTION IS COMPLETED AND CORRECT

PRINT OR TYPE CLEARLY

DUE TO DEPT. HQ NO LATER THAN JUNE 18, 2017

| |
|----------------|
| DEPT. USE ONLY |
| |

ALL FIELDS REQUIRED

| | | | | | | | | | |
|---|--|-----------------------|---------------------------|---------|-------------------------|---------------|------------------------|-----------------------|----------------|
| Mailing Address: | | | | | | | | | |
| City: | | | State: FLORIDA | | | | Zip Code: | | |
| Post Phone#: | | | Post Fax#: | | | Post Dues: \$ | | Post Lounge: Yes / No | |
| Meeting Day & Time: | | | Liquor License: Yes / No | | Bingo: Yes / No | | Smoking: Yes / No | | Food: Yes / No |
| Post Home?: Yes / No | | If No, Post Meets at: | | | | | | | |
| If Yes, Post Address: | | | | | | | | | |
| City: | | | State: FLORIDA | | | | Zip Code: | | |
| Post E-mail Address: | | | | | Post Website: | | | | |
| Does post have: | | | Auxiliary Unit?: Yes / No | | SAL Squadron?: Yes / No | | ALR Chapter?: Yes / No | | |
| UPS Shipping Address (if different from mailing address, No P.O. Box) | | | | | | | | | |
| Post Service Officer Name: | | | | Phone#: | | | E-mail: | | |
| 2017 – 2018 COMMANDER | | | | | 2017 – 2018 ADJUTANT | | | | |
| Member ID#: | | | | | Member ID#: | | | | |
| Name: | | | | | Name: | | | | |
| Home Address: | | | | | Home Address: | | | | |
| City, State, Zip: | | | | | City, State, Zip: | | | | |
| Home Phone#: | | | | | Home Phone#: | | | | |
| Cell Phone#: | | | | | Cell Phone#: | | | | |
| Work Phone#: | | | | | Work Phone#: | | | | |
| Fax#: | | | | | Fax#: | | | | |
| E-mail Address: | | | | | E-mail Address: | | | | |

I HEREWITH CERTIFY the above officers, whose eligibility in The American Legion I have certified, were duly elected in accordance with the Post's Constitution and ByLaws.

Current Post Adjutant Signature

Date