

DEADLINE: September 1

Post # _____

POST PROGRAM CHAIR FORM

Complete these forms and return them to Department Headquarters. Your Post Chairs will **not** receive the necessary information for their program until this form is received.

Mail to: PO Box 547859 Orlando, FL 32854 Attn: Programs Director

****ALL INFORMATION IS REQUIRED IN ORDER
TO BE A PROGRAM CHAIR****

AMERICANISM: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

BASEBALL: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

BLOOD DONOR: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

BOYS STATE: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

CHILDREN & YOUTH: _____
Name Member ID#

Home address _____

Daytime phone # _____

Post # _____

DISASTER PREPAREDNESS: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

CIVIL AIR PATROL: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

EMPLOYMENT: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

HISTORIAN: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

LAW & ORDER: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

LEGION RIDER: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

ORATORICAL: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

Post # _____

POW/MIA: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

PUBLIC RELATIONS: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

RELIGIOUS EMPHASIS: - _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

ROTC/ SHOOTING SPORTS: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

SCHOOL MEDALS: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

SCOUTING: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

SEA CADETS: _____
Name Member ID#

Home address _____

Daytime phone # _____

Post # _____

SOCIAL MEDIA: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

SPECIAL OLYMPICS: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

WOMEN VETERANS: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

YOUTH LAW CADET: _____
Name Member ID#

Home address _____

Daytime phone # _____ Email address _____

Signature _____
Post Commander/Adjutant

DEADLINE: September 1

Send Completed Form to:

Mail: American Legion, Department of Florida,
P.O. Box 547859, Orlando, FL 32854; Attn: Programs Director

Fax: 407-299-0901

E-Mail: programs@floridalegion.org