

**District/County**

THIS FORM SHOULD ONLY BE SUBMITTED IF UPDATES ARE REQUIRED TO THE INFORMATION BELOW

3) Post Dues Mailing Address:

Note: If the post dues mailing address contains a member name or is being sent to a member's home address as the contact, provide the member's ID number.

Note: All dues rates will be effective as of **July 1st** unless an alternate date is entered. This is the amount shown on annual renewal notices.

Effective Date: / /
Month Day Year

—

7) Post Website or Facebook Page:

(Example: 2nd Wednesday of each month @ 7:00 PM)

- | | | | | |
|-----|---|-----|-----------------------------------|------------|
| 9) | Post has a SAL Squadron | 12) | Smoking permitted | No Smoking |
| 10) | Post has a Legion Riders Chapter | 13) | Post has a Club Room (food/drink) | |
| 11) | Facilities are available to rent for events | | | |

Format: mm/dd/yyyy (select date by clicking in box)

Authorized Representative

INFO: Return forms to PostSqdnUpdates@legion.org to be logged and assigned to the correct area.

It is requested any updated Post Data Reports (PDRs) be sent through the American Legion Department Headquarters in your state. Explore our website if you want more information or need to find how to contact your state www.legion.org/about/organization/departments