

## THE AMERICAN LEGION POST DATA REPORT (PDR) - UPDATES ONLY **MEMBERSHIP YEAR**

**Department** Post No. **District/County** 

## IMPORTANT INFORMATION

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

| UPDATES:  |                 |                                   |            |
|---|-----------------|-----------------------------------|------------|
| 1) Post Home (Physical) Address:  |                 |                                   |            |
|   |                 |                                   |            |
| 2) Post Mailing Address:  |                 |                                   |            |
|   |                 |                                   |            |
| 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.  Men   | nber No.        |                                   |            |
| 4) Post Dues Update:  | Dues will be \$ |                                   |            |
| Note: All dues rates will be effective as of <b>July 1st</b> unless an alternate date is entered. This is the amount shown on annual renewal notices. |                 | Effective Date: / /               |            |
| 5) Post Telephone Number:   |                 | Month Day Year                    |            |
| , <u>-</u>  |                 | -                                 | -          |
| 6) Post Email Address: 7) Post Website as Faceback Page.  |                 |                                   |            |
| 7) Post Website or Facebook Page:   |                 |                                   |            |
| 8) Post Meeting Date & Time Schedule:<br>(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   | 13)             |                                   |            |
| Name  | Date            |                                   |            |

Type your First and Last Name to serve as your digital signature Format: mm/dd/yyyy (select date by clicking in box)

Title

Authorized Representative

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

## NOTICE

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