

POST OFFICERS

YEAR _____

INSTRUCTIONS

BE SURE TO PRINT WITH PEN (BLUE OR BLACK)

PLEASE FILL OUT EVEN IF OFFICERS ARE THE SAME AS LAST YEAR

IF BOX NUMBER, ALSO LIST STREET ADDRESS

POST No. _____ CITY _____ COUNTY _____ DISTRICT _____

POST ADDRESS _____ TOWN _____ ZIP _____

POST TELEPHONE NO. (____) _____

COMMANDER _____ TELEPHONE NO. (____) _____

MAILING ADDRESS _____ CITY _____ ZIP _____

ADJUTANT _____ TELEPHONE NO. (____) _____

MAILING ADDRESS _____ CITY _____ ZIP _____

FINANCE OFFICER _____ TELEPHONE NO. (____) _____

MAILING ADDRESS _____ CITY _____ ZIP _____

SERVICE OFFICER _____ TELEPHONE NO. (____) _____

MAILING ADDRESS _____ CITY _____ ZIP _____

MEMBERSHIP CHAIRMAN _____ TELEPHONE NO. (____) _____

MAILING ADDRESS _____ CITY _____ ZIP _____

LIST DAY OR DAYS REGULAR MEETINGS ARE HELD EACH MONTH.

_____ TIME _____

_____ TIME _____

AMOUNT OF POST OR COUNTY DUES \$ _____

THANK YOU FOR RETURNING YOUR POST OFFICERS LIST ON TIME
SERVING YOU BETTER IS OUR MAIN OBJECTIVE