

# The American Legion

DEPARTMENT OF NEW JERSEY

BUILDING # 5, 2<sup>ND</sup> FLOOR

171 JERSEY STREET

TRENTON, NJ 08611

Telephone (609) 695-5418 - 5419 • Fax (609) 394-1532

## POST OFFICERS FORM

20\_\_\_\_ - 20\_\_\_\_

NAME OF POST \_\_\_\_\_ POST # \_\_\_\_\_ COUNTY \_\_\_\_\_

ADDRESS \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

MEETINGS HELD AT \_\_\_\_\_ ON \_\_\_\_\_

POST PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DATE OF ELECTION \_\_\_\_\_

POST COMMANDER SIGN HERE \_\_\_\_\_

COMMANDER \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MEMBERSHIP CARD NUMBER \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL \_\_\_\_\_

ADJUTANT \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MEMBERSHIP CARD NUMBER \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL \_\_\_\_\_

SERVICE OFFICER \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MEMBERSHIP CARD NUMBER \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL \_\_\_\_\_

FINANCE OFFICER \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MEMBERSHIP CARD NUMBER \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL \_\_\_\_\_

MEMBERSHIP CHMN \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MEMBERSHIP CARD NUMBER \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL \_\_\_\_\_

BOYS STATE CHMN \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MEMBERSHIP CARD NUMBER \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL \_\_\_\_\_

PLEASE COMPLETE ON DAY OF ELECTION AND RETURN TO DEPARTMENT AS SOON AS POSSIBLE!  
REPORT ANY CHANGES THAT OCCUR DURING THE YEAR IN WRITING TO THE COUNTY AND DEPARTMENT.

PLEASE TYPE OR PRINT - NO CARBON REQUIRED FOR COPIES

White Copy - Department Headquarters

Yellow Copy - Post File

Pink Copy - County Commander