



ANNUAL POST DATA REPORT 2017/2018 Membership Year

OK- AMERICAN LEGION POST _____ District _____ Date _____

Post's Legal Name (as shown on Post Charter):

Post Location (as shown on Post Charter):

(Contact your Department Headquarters immediately if any of the information above is incorrect.)

Please type or print in ink and forward to the Department.

CURRENTLY ON FILE:

CHANGE OR CORRECTION:

1) Post's Home (Physical) Address:

2) Post's Mailing Address:

3) Post's Dues Mailing Address:

Note: If the above address contains a member's name or is being sent to a member's home address as the contact, please provide the member's ID#.

4) Current Annual Post Dues: \$

2017/2018 Dues will be \$.

Note: All new dues rates will be effective July 1st (1st renewal

Effective Date / /

notice) unless an alternate Effective Date is entered.

Month Day Year

5) Post's Telephone Number:

--

6) Post's Fax Number:

--

Note: Please **DO NOT** use personal phone numbers of members.

7) **Post's Email Address:**

8) **Post's Internet Website:**

9) **Post's Meeting Date & Time:**

10) **Check here if your Post has a Legion Riders chapter.**

Post Adjutant or Commander Signature

Date