

POST OFFICERS REPORTING FORM

Please fill out and submit to: Wisconsin American Legion – P.O Box 388, Portage, WI 53901 or by
email to: membership@wilegion.org.

*****Unless another date is entered in "Date Installed", the effective date will be July 1st.**

NOTE: Please submit even if there are no changes, just indicate so on the form in the 'No CHG' column.

District: _____ Post No.: _____ Date Elected: _____ Date Installed: _____

TITLE	NAME	Member ID #	PHONE	EMAIL	No CHG
Commander					<input type="checkbox"/>
Membership Chairman					<input type="checkbox"/>
Vice Commander					<input type="checkbox"/>
Vice Commander					<input type="checkbox"/>
Vice Commander					<input type="checkbox"/>
Adjutant					<input type="checkbox"/>
Finance Officer					<input type="checkbox"/>
Historian					<input type="checkbox"/>
Chaplain					<input type="checkbox"/>
Sergeant at Arms					<input type="checkbox"/>
Sergeant at Arms					<input type="checkbox"/>
Service Officer					<input type="checkbox"/>
Judge Advocate					<input type="checkbox"/>

Fillable form also available at wilegion.org. Under 'Membership' tab and then 'Membership Forms & Info'.