

POST OFFICERS REPORTING FORM

Directions

1. Please fill out and submit even if there are no changes to: Wisconsin American Legion
P.O. Box 388, Portage, WI 53901 or by email to: membership@wilegion.org.
2. Make sure each box is filled out.
3. If the position is empty, please write vacant.
4. The Member ID is required.
5. Please have each officer review their information before submitting.

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

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

TITLE	NAME	MEMBER ID REQUIRED	PHONE NUMBER	EMAIL ADDRESS
Commander				
Membership Chairman				
1 st Vice Commander				
2 nd Vice Commander				
3 rd Vice Commander				
Adjutant				
Finance Officer				
Historian				
Chaplain				
Sergeant-At-Arms				
Sergeant-At-Arms				
Service Officer				
Judge Advocate				

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