

1 copy to Department

1 copy to District

Post No. _____

Post Name _____

OFFICIAL FORM

POST COMMITTEE CHAIRMEN

Please type or print

| <u>COMMITTEE</u> | <u>CHAIRMAN</u> | <u>ADDRESS, CITY & ZIP</u> | <u>E-MAIL & PHONE (w/Area)</u> |
|--------------------------------------|-----------------|--------------------------------|------------------------------------|
| Americanism | | | |
| Baseball | | | |
| Oratorical | | | |
| American Legion Boys State | | | |
| Membership | | | |
| National Security | | | |
| Veterans Affairs & Rehabilitation | | | |
| Children & Youth | | | |
| Sons of The American Legion | | | |

Post Adjutant

Post Commander

List only those committees that Post has functioning

Mail when Commander makes appointments