

2025 - 2026

(Please type or print cl	• /			POS	T NO	
ADDRESS:		POST NO EMAIL				
PHONE:		MEETING DA	Y(s):			
MEETING PLACE (location):					TIME:	
ID NUMBER	NAME		w/ZIP	EMAIL	AREA-PHONE	
Director:						
Asst. Director:						
Secretary:						
Treasurer:						
Chaplain:						
Historian:						
Judge Advocate:						
Membership Chmn:						
Road Captain:						
Sgt. At Arms:						
Web Master:						
Post & Chapter Liaison:						
ALR Cmte. Rep.:						
ALR Cmte. Alt. Rep.:						
Chapter Secretary (ou	utgoing)		Chapter Di	rector (outgoing)		
(All corresp	ondence will be r	nailed to Post Adjutant or Cha	pter Secretai	y unless otherwise	noted)	
Departme	ent Headquarters	RTMENT ADJUTANT'S OFFICE will submit copies to: America same, please return this sheet	an Legion Ri	ders Dept. Co-Direc		
I hereby certify that American Legion Fa			_			

(Signed) ____ (Post & Chapter Liaison)