



DEPARTMENT OF CONNECTICUT
THE AMERICAN LEGION
POST OFFICER REPORT

DATE _____

REPORT OF _____ POST NO. _____
(Post Name)

CONTACT PERSON _____ PHONE _____

MEETINGS: DAYS HELD - _____
PLACE _____

MEMBERSHIP: ACKNOWLEDGED IN STATE _____
IN PROGRESS _____
TOTAL MEMBERSHIP _____

ACTIVITIES:

NUMBER OF DELEGATES PRESENT _____

SUBMITTED BY _____ TITLE _____