



NOTICE OF ELECTION OF OFFICERS FOR The AMERICAN LEGION RIDERS

(Please type or print clearly)

POST NAME: _____ POST NO. _____

ADDRESS: _____ EMAIL _____

PHONE: _____ MEETING DAY(s): _____

MEETING PLACE (location): _____ TIME: _____

ID NUMBER	NAME	HOME ADDRESS w/ZIP	EMAIL	AREA-PHONE
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Director: _____

Asst. Director: _____

Secretary: _____

Treasurer: _____

Chaplain: _____

Historian: _____

Judge Advocate: _____

Membership Chmn: _____

Road Captain: _____

Sgt. At Arms: _____

Web Master: _____

Post & Program Liaison: _____

ALR Cmte. Rep.: _____

ALR Cmte. Alt. Rep.: _____

Program Secretary (outgoing)

Program Director (outgoing)

(All correspondence will be mailed to Post Adjutant or Program Secretary unless otherwise noted)

THIS LIST MUST BE SUBMITTED TO DEPARTMENT ADJUTANT'S OFFICE IMMEDIATELY UPON ELECTION OF NEW OFFICERS.

Department Headquarters will submit copies to: American Legion Riders Dept. Co-Directors

Even If Officers are same, please return this sheet COMPLETED for the record!

I hereby certify that each of the above officials is an eligible member in The American Legion Family and has the consequent right to serve in an official capacity.

(Signed) _____

(Post & Program Liaison)