

**TRANSMIT TO DEPARTMENT HEADQUARTERS PRIOR TO ANNUAL DEPARTMENT CONVENTION**

**PLEASE TYPE OR PRINT CLEARLY**

Mail To: The American Legion  
20 W. 12<sup>th</sup> St., Room 300A  
St. Paul, MN 55155-2000

**Legion Year** \_\_\_\_\_

\_\_\_\_\_  
(Name of Town) Post No. \_\_\_\_\_ District No. \_\_\_\_\_

Post Address: \_\_\_\_\_

Post Home: Yes/No

Gambling: Yes/No

Bar/Restaurant: Yes/No

- All post mailings will be mailed to the Adjutant
- All membership mailings will be mailed to the Membership Director

No Change from previous year

**Commander** \_\_\_\_\_ **Member ID#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(H) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ (C) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

No Change from previous year

**Adjutant** \_\_\_\_\_ **Member ID#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(H) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ (C) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

No Change from previous year

**Membership Dir** \_\_\_\_\_ **Member ID#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(H) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ (C) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

**CERTIFIED BY:** \_\_\_\_\_ **(Post Adjutant or Commander)**

*Note: Article 9, Section 3 of the Department Constitution states that NEW officers shall assume their office no later than the close of the next Department Convent. USE THIS FORM TO REPORT THEM AS SOON AS THEY ARE ELECTED.*