

TRANSMIT TO DEPARTMENT HEADQUARTERS PRIOR TO ANNUAL DEPARTMENT CONVENTION

PLEASE TYPE OR PRINT CLEARLY

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

Legion Year _____

_____ Post No. _____ District No. _____
(Name of Town)

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
- Please **VALIDATE CONTACT INFORMATION** even if there is no change in officers

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 Convention. USE THIS FORM TO REPORT THEM AS SOON AS THEY ARE ELECTED.