



20__ - __ POST ELECTION REPORT

DATE OF ELECTION:

POST #	DISTRICT #	DEPARTMENT	POST NAME	POST DUES AMOUNT Includes National and Department Per Capita	\$
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POST MEETING LOCATION (PHYSICAL ADDRESS)			POST MAILING ADDRESS		
BUILDING NAME (IF NOT POST NAME)			STREET ADDRESS or PO BOX #		
STREET ADDRESS			ADDRESS LINE 2		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
POST EMAIL ADDRESS			POST MEETING DAY/TIME		
POST WEBSITE			CHECK ALL THAT APPLY:		
POST PHONE #			<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> NO POST HOME <input type="checkbox"/> CANTEEN/CLUBROOM <input type="checkbox"/> PROVIDE HALL RENTALS <input type="checkbox"/> PROVIDE MILITARY FUNERAL HONORS		
FEDERAL EMPLOYER IDENTIFICATION # (EIN)					

COMMANDER					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

SENIOR VICE COMMANDER					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

JUNIOR VICE COMMANDER					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

QUARTERMASTER					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

CHAPLAIN					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

1 YEAR TRUSTEE					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

2 YEAR TRUSTEE					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

3 YEAR TRUSTEE					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

ADJUTANT (APPOINTED)					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

SERVICE OFFICER (APPOINTED)					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

JUDGE ADVOCATE (IF REQUIRED BY POST BYLAWS) ELECTED APPOINTED					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE

SURGEON (IF REQUIRED BY POST BYLAWS) ELECTED APPOINTED					
MEMBERSHIP #		NAME		STREET ADDRESS or PO BOX #	
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE