



# 2016-2017 POST ELECTION REPORT

DATE OF ELECTION:

|        |            |            |           |   |    |
|--------|------------|------------|-----------|---|----|
| POST # | DISTRICT # | DEPARTMENT | POST NAME | POST DUES AMOUNT<br>Includes National and Department Per Capita | \$ |
|--------|------------|------------|-----------|---|----|

|   |       |          |      |  |          |  |
|---|-------|----------|------|--|----------|--|
| <b>POST MEETING LOCATION (PHYSICAL ADDRESS)</b> |       |          |      | <b>POST MAILING ADDRESS</b>  |          |  |
| 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 E-MAIL 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<br><input type="checkbox"/> PROVIDE HALL RENTALS <input type="checkbox"/> PROVIDE MILITARY FUNERAL HONORS |          |  |
| FEDERAL EMPLOYER IDENTIFICATION # (EIN)         |       |          |      |  |          |  |

|                  |               |      |      |                            |          |
|------------------|---------------|------|------|----------------------------|----------|
| <b>COMMANDER</b> |               |      |      |                            |          |
| MEMBERSHIP #     |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #          | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |

|                              |               |      |      |                            |          |
|------------------------------|---------------|------|------|----------------------------|----------|
| <b>SENIOR VICE COMMANDER</b> |               |      |      |                            |          |
| MEMBERSHIP #                 |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #                      | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |

|                              |               |      |      |                            |          |
|------------------------------|---------------|------|------|----------------------------|----------|
| <b>JUNIOR VICE COMMANDER</b> |               |      |      |                            |          |
| MEMBERSHIP #                 |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #                      | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |

|                      |               |      |      |                            |          |
|----------------------|---------------|------|------|----------------------------|----------|
| <b>QUARTERMASTER</b> |               |      |      |                            |          |
| MEMBERSHIP #         |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #              | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |

|                 |               |      |      |                            |          |
|-----------------|---------------|------|------|----------------------------|----------|
| <b>CHAPLAIN</b> |               |      |      |                            |          |
| MEMBERSHIP #    |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #         | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |

|                                   |               |      |      |                            |          |
|-----------------------------------|---------------|------|------|----------------------------|----------|
| <b>JUDGE ADVOCATE (APPOINTED)</b> |               |      |      |                            |          |
| MEMBERSHIP #                      |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #                           | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |

|                            |               |      |      |                            |          |
|----------------------------|---------------|------|------|----------------------------|----------|
| <b>SURGEON (APPOINTED)</b> |               |      |      |                            |          |
| MEMBERSHIP #               |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #                    | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |

|                       |               |      |      |                            |          |
|-----------------------|---------------|------|------|----------------------------|----------|
| <b>1 YEAR TRUSTEE</b> |               |      |      |                            |          |
| MEMBERSHIP #          |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #               | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |

|                       |               |      |      |                            |          |
|-----------------------|---------------|------|------|----------------------------|----------|
| <b>2 YEAR TRUSTEE</b> |               |      |      |                            |          |
| MEMBERSHIP #          |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #               | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |

|                       |               |      |      |                            |          |
|-----------------------|---------------|------|------|----------------------------|----------|
| <b>3 YEAR TRUSTEE</b> |               |      |      |                            |          |
| MEMBERSHIP #          |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #               | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |

|                             |               |      |      |                            |          |
|-----------------------------|---------------|------|------|----------------------------|----------|
| <b>ADJUTANT (APPOINTED)</b> |               |      |      |                            |          |
| MEMBERSHIP #                |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #                     | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |

|                                    |               |      |      |                            |          |
|------------------------------------|---------------|------|------|----------------------------|----------|
| <b>SERVICE OFFICER (APPOINTED)</b> |               |      |      |                            |          |
| MEMBERSHIP #                       |               | NAME |      | STREET ADDRESS or PO BOX # |          |
| PHONE #                            | EMAIL ADDRESS |      | CITY | STATE                      | ZIP CODE |