# 2019-20 POST ELECTION REPORT

**DATE OF ELECTION:**

<table>
<thead>
<tr>
<th>POST #</th>
<th>DISTRICT #</th>
<th>DEPARTMENT</th>
<th>POST NAME</th>
<th>POST DUES AMOUNT</th>
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</tbody>
</table>

**POST MEETING LOCATION (PHYSICAL ADDRESS):**

- STREET ADDRESS
- ADDRESS LINE #
- CITY
- STATE
- ZIP CODE

**POST MAILING ADDRESS:**

- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**POST EMAIL ADDRESS:**

- EMAIL ADDRESS
- CITY
- STATE
- ZIP CODE

**POST MEETING DAY/TIME:**

- POST MEETING DATE
- TIME

**COMMANDER:**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**SENIOR VICE COMMANDER:**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**JUNIOR VICE COMMANDER:**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**QUARTERMASTER:**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**CHAPLAIN:**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**1 YEAR TRUSTEE:**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**2 YEAR TRUSTEE:**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**3 YEAR TRUSTEE:**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**ADJUTANT (APPOINTED):**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**SERVICE OFFICER (APPOINTED):**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**JUDGE ADVOCATE (IF REQUIRED BY POST BYLAWS):**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**SURGEON (IF REQUIRED BY POST BYLAWS):**

- NAME
- STREET ADDRESS or PO BOX #
- CITY
- STATE
- ZIP CODE

**CHECK ALL THAT APPLY:**

- OWN
- RENT
- NO POST HOME
- CANTEEN/CLUBROOM
- PROVIDE HALL RENTALS
- PROVIDE MILITARY FUNERAL HONORS