



# 2019-20 POST ELECTION REPORT

DATE OF ELECTION:

POST #	DISTRICT #	DEPARTMENT	POST NAME	POST DUES AMOUNT Includes National and Department Per Capita	\$
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			<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		
POST PHONE #		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>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
<b>JUDGE ADVOCATE (IF REQUIRED BY POST BYLAWS) <input type="checkbox"/> ELECTED <input type="checkbox"/> APPOINTED</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
<b>SURGEON (IF REQUIRED BY POST BYLAWS) <input type="checkbox"/> ELECTED <input type="checkbox"/> APPOINTED</b>					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE