

<b>REQUIRED</b>	
<b>POST#</b>	<b>DIST#</b>

# 2024-2025 POST INFORMATION & OFFICER REPORT

<b>DEPT. USE ONLY</b>

MAKE SURE EACH SECTION IS COMPLETED AND CORRECT

**PRINT OR TYPE CLEARLY**

**DUE TO DEPT. HQ NO LATER THAN JUNE 1, 2024**

ALL FIELDS REQUIRED

<b>Post Mailing Address:</b>					
<b>Post Physical Address:</b>					
<b>Is this the Post Home? Yes / No</b>		<b>If No, Post Meets at:</b>			
<b>UPS Shipping Address</b> (if different from mailing address, No P.O. Box)					
<b>Post Phone#:</b>		<b>Post Fax#:</b>		<b>Post Dues: \$</b>	
<b>Post E-mail Address:</b>			<b>Post Website:</b>		
<b>Meeting Day &amp; Time:</b>					
<b>Does post have: Auxiliary Unit? Yes / No</b>		<b>SAL Squadron? Yes / No</b>		<b>ALR Chapter? Yes / No</b>	
<b>Post Lounge: Yes / No</b>	<b>Liquor License: Yes / No</b>	<b>Bingo: Yes / No</b>	<b>Smoking: Yes / No</b>	<b>Food: Yes / No</b>	
<b>Post Service Officer: Yes / No</b>		<b>Color Guard: Yes / No</b>		<b>Event Space for Rent: Yes / No</b>	
<b>Date of Last 990 Filed:</b>		<b>Date Annual Incorporation Filed:</b>		<b>Additional Insurance Certificate Filed with National: Yes / No</b>	
<b>2024-2025 COMMANDER</b>			<b>2024-2025 ADJUTANT</b>		
<b>Member ID#:</b>			<b>Member ID#:</b>		
<b>Name:</b>			<b>Name:</b>		
<b>Home Address:</b>			<b>Home Address:</b>		
<b>City, State, Zip:</b>			<b>City, State, Zip:</b>		
<b>Home Phone#:</b>			<b>Home Phone#:</b>		
<b>Cell Phone#:</b>			<b>Cell Phone#:</b>		
<b>Work Phone#:</b>			<b>Work Phone#:</b>		
<b>Fax#:</b>			<b>Fax#:</b>		
<b>E-mail Address:</b>			<b>E-mail Address:</b>		

I HEREBY CERTIFY the above officers, whose eligibility in The American Legion I have certified, were duly elected in accordance with the Post's Constitution and ByLaws.

\_\_\_\_\_  
Current Post Adjutant Signature

\_\_\_\_\_  
Date

# 2024-2025

## POST INFORMATION & OFFICERS REPORT

- **Print Clearly.** Officer information that is incomplete or information that is unreadable cannot be processed.
- **Fill in EVERY Section, even if the information has not changed from last year.** If there is no information for a section, please put N/A.
- **Ensure that all information provided for the 2024-2025 Post Information & Officer Report is current and accurate.** Please note that the Commander and Adjutant information provided will appear in the Department Roster and a Post address, including zip code, that is incomplete will not receive Department mailings.
- All Post Commander and Adjutant positions **must have a valid member number included** on the form.
- **Forms that are not signed and dated cannot be processed.**
- All forms must **indicate the Post number** that the changes are to be made under.
- Complete and **return this form immediately upon completion of your 2024-2025 Post Elections** in the envelope marked "POST OFFICERS REPORT"
- **Deadline - no later than June 1, 2024.**

### IMPORTANT NOTES

- **Your Post delegation to the Department Convention will not be seated unless this completed form is received by Department Headquarters.**
- **2024-2025 membership cards will not be released to the Post until all End of Year reports have been received by Department Headquarters.**
- The importance of a completed form that is signed, provides the Department with the ability to make changes to the roster and retain authorized documentation that those changes were requested. **Incomplete forms will not be entered until the information can be verified.**

**Post information not submitted by due date will be omitted from the Department Roster. National will not be notified of changes until July 15th, 2024.**