



20__ - __ POST ELECTION REPORT

DATE OF ELECTION:

POST #	DISTRICT #	DEPARTMENT	POST NAME	POST DUES AMOUNT <small>Includes National and Department Per Capita</small>	\$
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 E-MAIL ADDRESS			POST MEETING DAY/TIME		
POST WEBSITE		FEDERAL EMPLOYER IDENTIFICATION # (EIN)		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	
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
JUDGE ADVOCATE (APPOINTED)					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
SURGEON (APPOINTED)					
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