THE AMERICAN LEGION
POST DATA REPORT - NEW POST ONLY
_____ MEMBERSHIP YEAR

Department _____ **Post No.** _____ **District** _____
State

NOTICE

THIS FORM SHOULD BE SUBMITTED WITH THE NEW POST TEMPORARY CHARTER APPLICATION, FAILURE TO SEND THIS FORM WILL CAUSE DELAYS IN PROCESSING THE POST

1) Post Home (Physical) Address: _____
_____

2) Post Mailing Address: _____
_____

3) Post Dues Mailing Address:
_____

NOTE: If the post dues mailing address contains a member name or is being sent to a members home address as the contact, provide the members ID number

Member ID # _____

4) Post Annual Membership Dues: Dues $ _____ . _____

NOTE: All dues rates will be effective as of July 1st unless an alternate date is entered. To determine the correct dues, include the Post, Department and National per capita's (for the total dues amount)

Effective Date: _____ / _____ / _____
Month Day Year

5) Post Telephone Number: _____ - _____ - _____
Note: Please DO NOT use personal phone number of members

6) Post Fax Number: _____ - _____ - _____

7) Post Email Address: _____

8) Post Website or Facebook Page: _____

9) Post Meeting Date & Time: _____

Name _____
Type your First and Last Name to serve as your digital signature

Date _____
Format: mm/dd/yyyy / *select date by clicking inside above box*

Title _____

NOTICE

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