

For Dept Use:

Roster _____ Bkpr _____

Mail List _____ Web _____

POST INFORMATION FOR 2017-2018

Post No.: _____

District No.: _____

Division: _____

Post Mailing Address:

Street or PO Box No. _____

City _____

Zip _____

Post Phone No.: _____ Meeting Day/Night and Time: _____

Post Email: _____ Post Website: _____

Meeting Place Address: _____

COMMANDER:

Name: _____ Member ID No.: _____
(Required)

Address: _____
Street or PO Box No. _____ City _____ Zip _____

Phone: Home: _____ Work: _____

E-mail Address: _____ Cell: _____ FAX _____

ADJUTANT:

Name: _____ Member ID No.: _____
(Required)

Address: _____
Street or PO Box No. _____ City _____ Zip _____

Phone: Home: _____ Work: _____

E-mail Address: _____ Cell: _____ FAX _____

MONTHLY MAILING ADDRESS:

Only 1 Monthly Mailing is sent to each Post. Please complete the section below to inform Department Headquarters of the mailing address for the Monthly Mailing. It should be the Post Adjutant, Post Commander, or the Post PO Box. Please note the Monthly Mailing is also accessible on our website at www.nclegion.org.

Name(Identify if person or Post) _____

Mailing Address _____

City _____ State _____ Zip _____

***NOTE:** It is important that this information is completed as soon as Post Officers are elected. We must have correct information for both the Commander and Adjutant. It is also important that you list the date, time and place of your Post meeting as well as a Post address and phone number.

Date: _____

Post Officer: _____