

For Dept Use:

Roster \_\_\_\_\_ Bkpr \_\_\_\_\_

Mail List \_\_\_\_\_ Web \_\_\_\_\_

## POST INFORMATION FOR 2018-2019

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: \_\_\_\_\_

**At least 1 phone # is required**

E-mail Address: \_\_\_\_\_ Cell: \_\_\_\_\_ FAX \_\_\_\_\_

### ADJUTANT:

Name: \_\_\_\_\_ Member ID No.: \_\_\_\_\_  
(Required)

Address: \_\_\_\_\_  
Street or PO Box No. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**At least 1 phone # is required**

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](http://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: \_\_\_\_\_