

For Dept Use:

Personify Go Daddy

Debbie Rora

POST INFORMATION FOR 2023-2024

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: Immediate Past 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: Immediate Past 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 _____

Date: _____

Post Officer: _____

ELECTRONIC RECEIPT OF THE MONTHLY MAILING

All Post Commanders and Adjutants listed above will receive the monthly mailing by providing their email address. For any additional Post officers who would like to receive the monthly mailing electronically; please provide their names and email address and we will include them.

By receiving it by email, you can then forward to the members in your post. Please inform your post members that it is and has been available on our website www.nclegion.org for the past several years.

PLEASE LIST ADDITIONAL NAMES AND EMAIL ADDRESSES
