For Dept Use:
Personify ☐ Go Daddy ☐
Debbie ☐ Rora ☐

POST INFORMATION FOR 2024-2025

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