



Department of Maine Post Article Submission Form

A. POST NAME AND NUMBER:

B. STREET ADDRESS:

C. CITY: STATE: ZIP CODE:

D. POST SIZE: SMALL 1-100 () MEDUM 101-200 () LARGE 200+ () District ()

E. NUMBER OF ARTICLES TO BE SUBMITTED (CHECK ONE): 3() 4() 5()

F. NAME OF POST HISTORIAN (FULL):

G. STREET ADDRESS:

H. CITY: STATE: ZIP CODE:

I. TEL:

J. NAME OF WRITER/COMPILER IF DIFFERENT FROM HISTORIAN:

K. STREET ADDRESS:

L. CITY: STATE: ZIP CODE:

M. TEL:

N. POST COMMANDER NAME:

O. COMMANDER RECOMMENDATION:

DEPARTMENT CERTIFICATION

THE DEPARTMENT OF MAINE CERTIFIES THAT THIS NEWSLETTER IS A VALID ENTRY FOR THE CONTEST BEING CONDUCTED BY THE DEPARTMENT OF MAINE.

DATE POST ARTICLE SUBMISSION RECEIVED: _____

DEPARTMENT HISTORIAN (PRINTED): _____

DEPARTMENT HISTORIAN (SIGNATURE): _____