



# **POST OFFICERS 20\_\_\_\_\_ - 20**\_\_\_\_\_

## **DEPARTMENT OF MAINE, THE AMERICAN LEGION**

**ELECTED DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **POST No.** \_\_\_\_\_

**PLEASE TYPE OR PRINT**

### ***COMMANDER***

NAME		MAILING ADDRESS		TOWN	ST	ZIP
ID NUMBER	HOME PHONE	CELL PHONE	E-MAIL ADDRESS			

### ***ADJUTANT***

NAME		MAILING ADDRESS		TOWN	ST	ZIP
ID NUMBER	HOME PHONE	CELL PHONE	E-MAIL ADDRESS			

### ***1<sup>ST</sup> VICE COMMANDER***

NAME		MAILING ADDRESS		TOWN	ST	ZIP
HOME PHONE		CELL PHONE		E-MAIL ADDRESS		

### ***2<sup>ND</sup> VICE COMMANDER***

NAME		MAILING ADDRESS		TOWN	ST	ZIP
HOME PHONE		CELL PHONE		E-MAIL ADDRESS		

### ***FINANCE OFFICER***

NAME		MAILING ADDRESS		TOWN	ST	ZIP
HOME PHONE		CELL PHONE		E-MAIL ADDRESS		

### ***MEMBERSHIP CHAIRMAN***

NAME		MAILING ADDRESS		TOWN	ST	ZIP
HOME PHONE		CELL PHONE		E-MAIL ADDRESS		

### ***SERVICE OFFICER***

NAME		MAILING ADDRESS		TOWN	ST	ZIP
HOME PHONE		CELL PHONE		E-MAIL ADDRESS		

**AMERICANISM OFFICER**

NAME	MAILING ADDRESS	TOWN	ST	ZIP

HOME PHONE	CELL PHONE	E-MAIL ADDRESS

**CHAPLAIN**

NAME	MAILING ADDRESS	TOWN	ST	ZIP

HOME PHONE	CELL PHONE	E-MAIL ADDRESS

**HISTORIAN**

NAME	MAILING ADDRESS	TOWN	ST	ZIP

HOME PHONE	CELL PHONE	E-MAIL ADDRESS

**SERGEANT-AT-ARMS**

NAME	MAILING ADDRESS	TOWN	ST	ZIP

HOME PHONE	CELL PHONE	E-MAIL ADDRESS

**JUDGE ADVOCATE**

NAME	MAILING ADDRESS	TOWN	ST	ZIP

HOME PHONE	CELL PHONE	E-MAIL ADDRESS

**Meeting Nights (day):** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Street Address, Post home:** \_\_\_\_\_

**or other location, i.e., town office, library:** \_\_\_\_\_

Please fill in the name, street address or Post office box, town, zip code, home phone, cell phone, and E-mail address of **ALL** officers and return this form to: **THE AMERICAN LEGION, 5 Verti Drive, Winslow, ME 04901-0727 or e-mail to: [legionme@mainelegion.org](mailto:legionme@mainelegion.org)**. Form is available on [www.mainelegion.org](http://www.mainelegion.org) under Forms/Applications

**Note:** In order for your post to receive correspondence or be listed in The American Legion State Directory, this form must be filed with the Department Adjutant's office at the address listed above, on or before the deadline. **This form needs to be completed every year, even if your officers do not change.**

**Name of Post:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Post No.:** \_\_\_\_\_

**Dues Rate:** \_\_\_\_\_

**Post Telephone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Facebook:** \_\_\_\_\_

**DEADLINE: July 1**

POST OFFICERS FORM.docx