



AMERICAN LEGION RIDERS OF MAINE



PLEASE PRINT

Date: ____/____/____ Chapter No.: ____ Chapter E-Mail: _____

Chapter Website: _____ Chapter Facebook: _____

Meeting Date: ____/____/____ Meeting Time: _____ Meeting Location: _____

DIRECTOR

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

LEGION ____ AUXILIARY ____ SAL ____ (Please ✓)

ASSISTANT DIRECTOR

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

LEGION ____ AUXILIARY ____ SAL ____ (Please ✓)

SECRETARY

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

LEGION ____ AUXILIARY ____ SAL ____ (Please ✓)

SGT-AT-ARMS

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

LEGION ____ AUXILIARY ____ SAL ____ (Please ✓)

ROAD CAPTAIN

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

LEGION ____ AUXILIARY ____ SAL ____ (Please ✓)

FINANCE OFFICER

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

LEGION ____ AUXILIARY ____ SAL ____ (Please ✓)

SAFETY OFFICER

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

LEGION ____ AUXILIARY ____ SAL ____ (Please ✓)

CHAPLAIN

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

LEGION ____ AUXILIARY ____ SAL ____ (Please ✓)

PR/HISTORIAN

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

LEGION ____ AUXILIARY ____ SAL ____ (Please ✓)

WEB MASTER

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

LEGION ____ AUXILIARY ____ SAL ____ (Please ✓)

Please fill in the name, street address or Post office box, town/city, zip code, home phone, cell phone, and E-mail address of **ALL** officers and return this form to: **The American Legion, Dept. of Maine, 5 Verti Drive, Winslow, ME 04901-0727** or e-mail to: legionme@mainelegion.org. Form is available on www.mainelegion.org under Forms/Applications

Note: In order for your chapter 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.**

DEADLINE: May 1