

**TRANSMIT TO DEPARTMENT HEADQUARTERS PRIOR TO ANNUAL DEPARTMENT CONVENTION**

**PLEASE TYPE OR PRINT CLEARLY**

**Mail To:** The American Legion  
20 W. 12<sup>th</sup> St., Room 300A  
St. Paul, MN 55155-2000

**Legion Year** \_\_\_\_\_

Post No. \_\_\_\_\_ District No. \_\_\_\_\_

(Name of Town)

*Note: Article 9, Section 3 of the Department Constitution states that NEW officers shall assume their office no later than the close of the next Department Convention. USE THIS FORM TO REPORT THEM AS SOON AS THEY ARE ELECTED.*

**Who should get general post information? \_\_\_\_\_ (at home or Post)**

**Who should get membership information? \_\_\_\_\_ (at home or Post)**

**Commander** \_\_\_\_\_ **Member ID#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(H) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ (W) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

**Adjutant** \_\_\_\_\_ **Member ID#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(H) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ (W) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

**Vice Commander** \_\_\_\_\_ **Member ID#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(H) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ (W) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

**Finance Officer** \_\_\_\_\_ **Member ID#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(H) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ (W) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

**Membership Dir** \_\_\_\_\_ **Member ID#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(H) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ (W) Tel No \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

**CERTIFIED BY:** \_\_\_\_\_ **(Post Adjutant or Commander)**