

The American Legion

DEPARTMENT OF NEW JERSEY

BUILDING # 5, 2ND FLOOR

171 JERSEY STREET

TRENTON, NJ 08611

Telephone (609) 695-5418 - 5419 • Fax (609) 394-1532

POST OFFICERS FORM

20____ - 20____

NAME OF POST _____ POST # _____ COUNTY _____

ADDRESS _____

(STREET)

(CITY)

(STATE)

(ZIP)

MEETINGS HELD AT _____ ON _____

POST PHONE NUMBER (____) _____ - _____ DATE OF ELECTION _____

POST COMMANDER SIGN HERE _____

COMMANDER _____

WORK PHONE (____) _____ - _____

MEMBERSHIP CARD NUMBER _____

HOME PHONE (____) _____ - _____

ADDRESS _____

CELL PHONE (____) _____ - _____

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL _____

ADJUTANT _____

WORK PHONE (____) _____ - _____

MEMBERSHIP CARD NUMBER _____

HOME PHONE (____) _____ - _____

ADDRESS _____

CELL PHONE (____) _____ - _____

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL _____

SERVICE OFFICER _____

WORK PHONE (____) _____ - _____

MEMBERSHIP CARD NUMBER _____

HOME PHONE (____) _____ - _____

ADDRESS _____

CELL PHONE (____) _____ - _____

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL _____

FINANCE OFFICER _____

WORK PHONE (____) _____ - _____

MEMBERSHIP CARD NUMBER _____

HOME PHONE (____) _____ - _____

ADDRESS _____

CELL PHONE (____) _____ - _____

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL _____

MEMBERSHIP CHMN _____

WORK PHONE (____) _____ - _____

MEMBERSHIP CARD NUMBER _____

HOME PHONE (____) _____ - _____

ADDRESS _____

CELL PHONE (____) _____ - _____

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL _____

BOYS STATE CHMN _____

WORK PHONE (____) _____ - _____

MEMBERSHIP CARD NUMBER _____

HOME PHONE (____) _____ - _____

ADDRESS _____

CELL PHONE (____) _____ - _____

(STREET)

(CITY)

(STATE)

(ZIP)

EMAIL _____

PLEASE COMPLETE ON DAY OF ELECTION AND RETURN TO DEPARTMENT AS SOON AS POSSIBLE!
REPORT ANY CHANGES THAT OCCUR DURING THE YEAR IN WRITING TO THE COUNTY AND DEPARTMENT.

PLEASE TYPE OR PRINT - NO CARBON REQUIRED FOR COPIES

White Copy - Department Headquarters

Yellow Copy - Post File

Pink Copy - County Commander