



20__ - __ POST ELECTION REPORT

DATE OF ELECTION:

POST #	DISTRICT #	DEPARTMENT	POST NAME	POST DUES AMOUNT <small>Includes National and Department Per Capita</small>
				\$

POST MEETING LOCATION (PHYSICAL ADDRESS)				POST MAILING ADDRESS		
BUILDING NAME (IF NOT POST NAME)				STREET ADDRESS or PO BOX#		
STREET ADDRESS				ADDRESS LINE 2		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
POST PHONE # ()	POST MEETING DAY	CHECK ALL THAT APPLY:				
FEDERAL EMPLOYER IDENTIFICATION # (EIN)	POST MEETING TIME	OWN	RENT	NO POST HOME	CANTEEN/CLUBROOM	
		PROVIDE HALL RENTALS	PROVIDE MILITARY FUNERAL HONORS			

COMMANDER					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	

SENIOR VICE COMMANDER					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	

JUNIOR VICE COMMANDER					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	

QUARTERMASTER					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	

CHAPLAIN					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	

JUDGE ADVOCATE					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	

SURGEON					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	

1 YEAR TRUSTEE					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	

2 YEAR TRUSTEE					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	

3 YEAR TRUSTEE					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	

ADJUTANT (APPOINTED)					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	

SERVICE OFFICER (APPOINTED)					
MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #			
PHONE # ()	EMAIL ADDRESS	CITY	STATE	ZIP CODE	