

# POST/COUNTY OFFICERS YEAR \_\_\_\_\_

**INSTRUCTIONS:**

- PLEASE COMPLETE FORM EVEN IF OFFICERS ARE THE SAME AS PREVIOUS YEAR
- SUBMIT BY SEPTEMBER 15
- PLEASE USE HOME ADDRESS FOR ALL OFFICERS
- IF PO BOX NUMBER, ALSO LIST STREET ADDRESS

MAIL TWO COPIES TO

THE AMERICAN LEGION OF IOWA  
720 LYON STREET  
DES MOINES, IA 50309-5481

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POST No. \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ DISTRICT \_\_\_\_\_

POST ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

POST TELEPHONE No. \_\_\_\_\_

COMMANDER \_\_\_\_\_ TELEPHONE No. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MEMBER ID # \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADJUTANT \_\_\_\_\_ TELEPHONE No. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MEMBER ID # \_\_\_\_\_ E-MAIL \_\_\_\_\_

FINANCE OFFICER \_\_\_\_\_ TELEPHONE No. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MEMBER ID # \_\_\_\_\_ E-MAIL \_\_\_\_\_

SERVICE OFFICER \_\_\_\_\_ TELEPHONE No. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MEMBER ID # \_\_\_\_\_ E-MAIL \_\_\_\_\_

MEMBERSHIP CHAIRMAN \_\_\_\_\_ TELEPHONE No. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MEMBER ID # \_\_\_\_\_ E-MAIL \_\_\_\_\_

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LIST DAY & TIME OF REGULAR MONTHLY MEETINGS \_\_\_\_\_ TIME \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_ PHONE \_\_\_\_\_

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THANK YOU FOR RETURNING YOUR POST OFFICERS LIST ON TIME  
SERVING YOU BETTER IS OUR MAIN OBJECTIVE