

2017

AMERICAN LEGION RIDERS

2017

Department of Pennsylvania

PO Box 2324, Harrisburg PA 17105-2324

THIS CARD MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY
July 1, 2016

Chapter #: _____ Name of Chapter: _____

Region No. _____ County: _____

Pres. (Name): _____ Mbr. ID#: _____

(Street) (City) (Zip) (home or cell phone)

V. Pres. (Name): _____ Mbr. ID#: _____

(Street) (City) (Zip) (home or cell phone)

Secy. (Name) _____ Mbr. ID#: _____

(Street) (City) (Zip) (home or cell phone)

Treas. (Name): _____ Mbr. ID#: _____

(Street) (City) (Zip) (home or cell phone)

Road Capt. (Name) _____ Mbr. ID#: _____

(Street) (City) (Zip) (home or cell phone)

Please print or type the above information