

2019

AMERICAN LEGION RIDERS

2019

Department of Pennsylvania

PO Box 2324, Harrisburg PA 17105-2324

THIS CARD MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY July 1, 2018

Chapter #: \_\_\_\_\_ Name of Chapter/Location City: \_\_\_\_\_

Region No. \_\_\_\_\_ County: \_\_\_\_\_

Pres. (Name): \_\_\_\_\_ Mbr. ID#: \_\_\_\_\_

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

V. Pres. (Name): \_\_\_\_\_ Mbr. ID#: \_\_\_\_\_

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

Secy. (Name) \_\_\_\_\_ Mbr. ID#: \_\_\_\_\_

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

Treas. (Name): \_\_\_\_\_ Mbr. ID#: \_\_\_\_\_

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

Road Capt. (Name) \_\_\_\_\_ Mbr. ID#: \_\_\_\_\_

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

Please print or type the above information