

2025

AMERICAN LEGION RIDERS

2025

Department of Pennsylvania

PO Box 2324, Harrisburg PA 17105-2324

THIS CARD MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY July 1, 2024

Chapter #: _____ Name of Chapter/Location City: _____

Region No. _____ Post Commander signature: _____

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

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

Asst. Dir. (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

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

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

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

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

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