

2026**AMERICAN LEGION RIDERS****2026***Department of Pennsylvania*

PO Box 2324, Harrisburg PA 17105-2324

THIS CARD MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY
July 1, 2025

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

Region No. _____ Post Commander signature: _____

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

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

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)

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