THE AMERICAN LEGION

Department of Pennsylvania PO Box 2324, Harrisburg, PA 17105-2324

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THIS FORM MUST BE COMPLETED AND RETURNED <u>NO LATER THAN JULY 1, 2019</u> TO BE PUBLISHED IN DIRECTORY PLEASE TYPE OR PRINT LEGIBLY

Post No.	Name of Post				
District No.	Location (City)	0	County Legion ID#		
Commander		Legion IC			
(Street)	(City)	(Zip)	(home or cell phone)		
	¬ ¬ Commander Em	nail Address			
Adjutant		Legion	Legion ID#		
(Street)	(City)	(Zip)	(home or cell phone)		
	¬ ¬ Adjutant Email A	ddress			
Finance Officer		Legion	Legion ID#		
(Street)	(City)		(home or cell phone)		
	¬ ¬ Finance Officer Ema	ail Address			
Service Officer		Legion	Legion ID#		
(Street)	(City)	(Zip)	(home or cell phone)		
	¬ ¬ Service Officer I	Email Address			
Address of Meeting Place:		Day of Post Me	eting Time		
(Stree	t) (City)	(Zip)	<u> </u>		
Post Mailing Addres	SS(LIST BOTH PO BOX & STREET A		elephone <u></u>		
Post Email Address			Dues per Member \$		
Check each box tha		moking Non-Smoking SAL AU	IX " ALR		

NAME	ID#	ADDRESS & ZIP	
	COUNT	Y DELEGATES	
NAME	ID#	ADDRESS & ZIP	
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