2012-2013 POST ELECTION REPORT

VETERANS OF FOREIGN WARS

DATE OF ELECTION:

POST # *	DISTRICT #	DEPARTMENT *	POST NAME *	POST DUES * AMOUNT Includes $

POST MEETING LOCATION (PHYSICAL ADDRESS)			POST MAILING ADDRESS		
BUILDING NAME (IF NOT POST NAME) *			STREET ADDRESS or PO BOX# *		
STREET ADDRESS *			ADDRESS LINE 2 *		
CITY *	STATE *	ZIP CODE *	CITY *	STATE *	ZIP CODE *

POST PHONE # *	POST MEETING DAY/ TIME *	CHECK ALL THAT APPLY: *
( )		☐ OWN ☐ RENT ☐ NO POST HOME ☐ CANTEEN/CLUBROOM
FEDERAL EMPLOYER INDENTIFICATION # (EIN) *	POST WEBSITE	☐ PROVIDE HALL RENTALS ☐ PROVIDE MILITARY FUNERAL HONORS

COMMANDER *

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE

SENIOR VICE COMMANDER *

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE

JUNIOR VICE COMMANDER *

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE

QUARTERMASTER *

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE

CHAPLAIN

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE

JUDGE ADVOCATE

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE

SURGEON

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE

1 YEAR TRUSTEE *

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE

2 YEAR TRUSTEE *

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE

3 YEAR TRUSTEE *

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE

ADJUTANT (APPOINTED) *

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE

SERVICE OFFICER (APPOINTED) *

MEMBERSHIP #	NAME	STREET ADDRESS or PO BOX #		
PHONE # ( )	EMAIL ADDRESS	CITY	STATE	ZIP CODE