



Unit # _____ Post # _____ City _____

Post Address: _____

Post Phone: _____

Commander Name: _____

Meeting Information

Location: _____

Address: _____

Meeting Day: _____

Meeting Time: _____

202__ – 202__ UNIT OFFICERS

POSITION	NAME	PHONE	EMAIL
CHAIRMAN			
VICE CHAIRMAN			
TREASURER			
SECRETARY			
CHAPLAIN			
SGT AT ARMS			
SAFETY OFFICER			
PUBLIC RELATIONS			
ROAD CAPTAIN(S)			

IF ANY ADDITIONAL POSITIONS -- PLEASE LIST ON THE BACK

DATE FILLED OUT: _____