



**THE AMERICAN LEGION RIDERS  
DEPARTMENT OF NEW HAMPSHIRE  
Chapter Officers Report  
Year \_\_\_\_\_**

**Post Name:** \_\_\_\_\_ **Post #** \_\_\_\_\_

**Post physical address (to include City/Town/Zip+4):**

\_\_\_\_\_  
**Post mailing address (if different) (to include City/Town/Zip+4):**

\_\_\_\_\_  
**Post phone:** \_\_\_\_\_ **District #** \_\_\_\_\_

**\*\*Chapter Meeting Date(s):** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Post E-Mail Address:** \_\_\_\_\_

**Post Website (if any):** \_\_\_\_\_

**PLEASE PRINT BELOW** **PLEASE PRINT BELOW** **PLEASE PRINT BELOW**

**Name/Address (include Zip Code+ 4)/Personal E-mail and Telephone #**

**DIRECTOR** \_\_\_\_\_

**ASSISTANT DIRECTOR** \_\_\_\_\_

**SECRETARY** \_\_\_\_\_

**TREASURER** \_\_\_\_\_

**Chaplain** \_\_\_\_\_

**MEMBERSHIP** \_\_\_\_\_

**Historian** \_\_\_\_\_

**ROAD CAPTIAN** \_\_\_\_\_

**Sergeant At Arms** \_\_\_\_\_

I have examined the service record of each of the following officials who have been duly elected or appointed to serve Chapter # \_\_\_\_\_ Department of New Hampshire for the ensuing year.

I hereby certify that each of the above officials are eligible for membership in The American Legion Riders and has the consequent right to serve in an official capacity.

**Chapter Secretary Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**DISTRICT COMMANDERS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_