THE AMERICAN LEGION
DEPARTMENT OF NEW HAMPSHIRE
Post Officers Report (1 of 2 pages)
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 #: __________
**Post Meeting Date(s):_________________________ Time: __________
*Do not list dates of your Executive Board
Post E-Mail Address: ______________________
Post Website (if any): ______________________

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

Commander

1st Vice Commander

2nd Vice Commander

Adjutant

Finance Officer

Chaplain

Judge Advocate

Historian

Service Officer

Sergeant At Arms

Certification of Service Record of American Legion Post Officers to Department Adjutant
Pursuant to action of the 13th Annual National Convention of The American Legion at Detroit, Michigan, September 24, 1931, I have examined the service record of each of the following officials who have been duly elected or appointed to serve Post # ____________ 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 and has the consequent right to serve in an official capacity.

Post Adjutant’s Signature ______________________ Date __________
Post Officers Report (2 of 2 pages)
(Other Post officers/committee chairs)

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<tr>
<th>Title</th>
<th>Name</th>
<th>Address (include Zip Code+ 4)</th>
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<td>Jr. Oratorical</td>
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It is imperative that this listing be completed and given to the District Commander immediately after installation, since Department Rosters and mailing lists are compiled from this information.

Numbers 1 through 7 below to be completed by the Post and validated by the District Commander.

1. Give date of last audit of the Post financial records
2. Is the Post Finance Officer bonded? Yes □ No □
3. Is the Post Adjutant bonded? Yes □ No □
4. Name of Surety Company and address
5. Bond Amount: ___________________________ Date: ______________ Annual Premium: $________
6. Is the Post incorporated under New Hampshire Law? Yes □ No □
7. Give latest date of incorporation with the State of New Hampshire: (not the date of your Post American Legion Charter) __________________________________________

District Commander: (Print) ___________________________ (Signature) ___________________________ Date ______________

NOTE: By action of the 1961 Department Convention any expense monies due District Commanders for travel within their respective Districts will be withheld until reports have been received at Department Headquarters for each Post with in their Districts.

THE AMERICAN LEGION - Department of New Hampshire
121 South Fruit St Suite 103 Concord NH 03301 603-856-8951 Fax 603-856-8943