

# ☐ Post / ☐ County Officers

**INSTRUCTIONS:**

- Submit Immediately Upon Election of Officers
- Please Complete Form Even if Officers are the Same as Previous Year
- Select above Whether Form is for Post or County Level Officers
- If PO Box Number, Also List Street Address

MAIL OR EMAIL TO THE AMERICAN LEGION OF IOWA  
720 LYON STREET  
DES MOINES, IA 50309-5481  
INFO@IALEGION.ORG

Membership Year: 20\_\_\_\_ - 20\_\_\_\_

Effective Date of Officers: \_\_\_\_\_

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POST NO. \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ DISTRICT \_\_\_\_\_

POST ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

POST TELEPHONE NO. \_\_\_\_\_

☐ COMMANDER \_\_\_\_\_ MEMBER ID # \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

☐ ADJUTANT \_\_\_\_\_ MEMBER ID # \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

☐ FINANCE OFFICER \_\_\_\_\_ MEMBER ID # \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

☐ SERVICE OFFICER \_\_\_\_\_ MEMBER ID # \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

☐ MEMBERSHIP CHAIRMAN \_\_\_\_\_ MEMBER ID # \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

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LIST DAY & TIME OF REGULAR MONTHLY MEETINGS \_\_\_\_\_ TIME \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_ PHONE \_\_\_\_\_

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THANK YOU FOR RETURNING YOUR POST OFFICERS LIST ON  
TIME. SERVING YOU BETTER IS OUR MAIN OBJECTIVE