

AL RIDERS CHAPTER OFFICERS

INSTRUCTIONS:

- PLEASE COMPLETE FORM EVEN IF OFFICERS ARE THE SAME AS PREVIOUS YEAR
- 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____

POST NO. _____ CITY _____ COUNTY _____ DISTRICT _____

POST ADDRESS _____ CITY _____ ZIP _____

POST TELEPHONE NO. _____

DIRECTOR _____ TELEPHONE NO. _____

MEMBER ID # _____ TAL ALA SAL E-MAIL _____

ASSISTANT DIRECTOR _____ TELEPHONE NO. _____

MEMBER ID # _____ TAL ALA SAL E-MAIL _____

SECRETARY _____ TELEPHONE NO. _____

MEMBER ID # _____ E-MAIL _____

TREASURER _____ TELEPHONE NO. _____

MEMBER ID # _____ TAL ALA SAL E-MAIL _____

ROAD CAPTAIN _____ TELEPHONE NO. _____

MEMBER ID # _____ TAL ALA SAL E-MAIL _____

LIST DAY & TIME OF REGULAR MONTHLY MEETINGS _____ TIME _____

SUBMITTED BY _____ PHONE _____

POST/CHAPTER WEBSITE _____