



Post Elected Officer Form

Post Officers:

Post Name: _____ **Post Number:** _____

Area this Post covers / State: _____

Commander: (Name & Member #): _____

Contact information: _____
Street City State Zip

Phone: _____ Email: _____

Term of Office: _____ to: _____
(month/year) (month/year)

Vice Commander: (Name & Member #): _____

Contact information: _____
Street City State Zip

Phone: _____ Email: _____

Term of Office: _____ to: _____
(month/year) (month/year)

Adjutant: (Name & Member #): _____

Contact information: _____
Street City State Zip

Phone: _____ Email: _____

Term of Office: _____ to: _____
(month/year) (month/year)

Comptroller: (Name & Member #): _____

Contact information: _____

Street City State Zip

Phone: _____ Email: _____

Term of Office: _____ to: _____

(month/year) (month/year)

Quartermaster: (Name & Member #): _____

Contact information: _____

Street City State Zip

Phone: _____ Email: _____

Term of Office: _____ to: _____

(month/year) (month/year)

_____: (Name & Member #): _____

Contact information: _____

Street City State Zip

Phone: _____ Email: _____

Term of Office: _____ to: _____

(month/year) (month/year)

_____: (Name & Member #): _____

Contact information: _____

Street City State Zip

Phone: _____ Email: _____

Term of Office: _____ to: _____

(month/year) (month/year)

Date: _____ **Name & Title of Submitter:** _____

EMAIL THE COMPLETED FORM WITHIN 7 DAYS OF POST ELECTIONS TO YOUR REGIONAL COMMANDER, NATL. VICE COMMANDER, NATL. WEBMASTER, AND THE PATRIOT EDITOR.

Use this form when there has been a change of any of the above officers.