

DEPARTMENT OF CALIFORNIA

Post Data Report

Due by:	Post Name:	Post Number:	District:	Area:
April 15 th				

POST'S 2023-2024 ANNUAL DUES:	\$		Effective Date:	/	//	Year		
POST'S HOME (PHYSICAL) ADDRESS: *If applicable	(Street, city, sta							
POST'S MAILING ADDRESS:	(Street, city, sta	te & zip code)						
POST'S DUES MAILING ADDRESS: *If dues are being forwarded to a member's home address, please enter their member ID #	(Street, city, state & zip code) Member ID:							
POST'S TELEPHONE NUMBER: *DO NOT use personal phone numbers	()_							
POST'S EMAIL ADDRESS:								
POST'S WEBSITE ADDRESS:								
POST'S MEETING DAY & TIME:								
Please CHECK ☑ all that apply to the p	ost:							
1) Owns/rents and control the use of the bu	ilding?	8) Participate	s in District mee	etings?				
2) Contains a liquor license?		9) Engage the	community in	post activiti	es?			
3) Smoking area available?		10) Has progr	10) Has programs supporting community youth?					
4) Facebook page?		11) Has progr	11) Has programs supporting active duty military?					
5) American Legion Auxiliary Unit?		12) Promotes	12) Promotes and/or sponsors Americanism events?					
6) Sons of The American Legion Squadron?		13) Has progr	las programs supporting veterans outside the post?					
7) American Legion Riders Chapter?		14) Willing to accept and review transferred American Legion members by Department Headquarters?						
If, during the year, there is a change in Post	information, plea	ase notify Departi	ment Headquar	ters immed	iately.			
Post Officer Name Signature	 e	Mer	mber ID #		Phone #			
		 Date						