



DEPARTMENT OF CALIFORNIA

Certificate of Post Officers

Post Number:	District:	Area:	Date:

Due by: June 1st	Post Name:	Election Date:	Installation Date:	Incorporated?	Right to Publish Information?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Officers	Officer Name (Print clearly):	Member ID:	Phone #:	Address (Street, city, state & zip code):	Email Address:
Commander					
1st Vice Commander					
2nd Vice Commander					
3rd Vice Commander					
Adjutant					
Finance Officer					
Chaplain					
Historian					
Judge Advocate					
Sergeant-At-Arms					
Service Officer					

If, at any moment, the information becomes inaccurate or changes occur, please complete and resubmit a new form to Department Headquarters.

_____	_____	_____	_____	_____
Post Officer Name	Signature	Member ID #	Phone #	Email