



DEPARTMENT OF CALIFORNIA

Post Data Report

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

POST'S 2024-2025 ANNUAL DUES: \$ _____ **Effective Date:** ____/____/____ **EIN:** _____
Month Day Year

POST'S HOME (PHYSICAL) ADDRESS: _____
*If applicable (Street, city, state & zip code)

POST'S MAILING ADDRESS: _____
(Street, city, state & 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 post:

1) Owns/rents and control the use of the building? <input type="checkbox"/>	8) Participates in District meetings? <input type="checkbox"/>
2) Contains a liquor license? <input type="checkbox"/>	9) Engage the community in post activities? <input type="checkbox"/>
3) Smoking area available? <input type="checkbox"/>	10) Has programs supporting community youth? <input type="checkbox"/>
4) Facebook page? <input type="checkbox"/>	11) Has programs supporting active duty military? <input type="checkbox"/>
5) American Legion Auxiliary Unit? <input type="checkbox"/>	12) Promotes and/or sponsors Americanism events? <input type="checkbox"/>
6) Sons of The American Legion Squadron? <input type="checkbox"/>	13) Has programs supporting veterans outside the post? <input type="checkbox"/>
7) American Legion Riders Chapter? <input type="checkbox"/>	14) Willing to accept and review transferred American Legion members by Department Headquarters? <input type="checkbox"/>

If, during the year, there is a change in Post information, please notify Department Headquarters immediately.

 Post Officer Name Signature Member ID # Phone #

 Email Date