



Please type or print clearly

**Post Officers Form • 20** \_\_\_ - \_\_\_

Name of Post: \_\_\_\_\_ Post # \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_, NJ

Meetings Held At: \_\_\_\_\_ On \_\_\_\_\_

Post Phone No: \_\_\_\_\_ Date of Election: \_\_\_\_\_, 20\_\_\_\_

Post Commander Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

**Commander:** \_\_\_\_\_ Membership Card No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ Home Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ E-Mail: \_\_\_\_\_

**Adjutant:** \_\_\_\_\_ Membership Card No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ Home Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ E-Mail: \_\_\_\_\_

**Service Officer:** \_\_\_\_\_ Membership Card No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ Home Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ E-Mail: \_\_\_\_\_

**Finance Officer:** \_\_\_\_\_ Membership Card No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ Home Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ E-Mail: \_\_\_\_\_

**Membership Chmn:** \_\_\_\_\_ Membership Card No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ Home Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ E-Mail: \_\_\_\_\_

**Boys State Chmn:** \_\_\_\_\_ Membership Card No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ Home Phone: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ E-Mail: \_\_\_\_\_

*Please complete on day of election and return to Department address shown as soon as possible! Report any changes that occur during the year in writing to the County and Department.*

**MAKE THREE COPIES:**

- Department Headquarters
- County Commander
- Post File