

20__ - 20__ POST CERTIFICATION FORM

To: Department Adjutant

From: _____
(Name of Post)

Post # _____

(City)

(District)

(County)

(Date)

MEMBERSHIP MATERIALS ARE SENT VIA UPS. PLEASE PROVIDE A STREET ADDRESS FOR DELIVERY OF MEMBERSHIP CARDS IN THIS SPACE

Ship Membership Cards to: _____

STREET ADDRESS

CITY

ZIP

IMPORTANT: MEMBERSHIP CARDS FOR THE YEAR WILL BE SHIPPED UPON RECEIPT OF THIS CERTIFICATION. THE INFORMATION SUBMITTED ON THIS FORM WILL BE PRINTED IN THE DEPARTMENT BLUE BOOK.

Post Commander

Name: _____

ID #: _____

Address: _____

City / Zip: _____

Primary Phone: _____

Alt Phone: _____

Please check type Cell ___ Home ___

Cell ___ Home ___

Email: _____

Post Adjutant

Name: _____

ID #: _____

Address: _____

City / Zip: _____

Home Phone: _____

Cell Phone: _____

Please check type Cell ___ Home ___

Cell ___ Home ___

Email: _____

**** Post Hubmaster**

MUST HAVE THIS INFORMATION!!

Name: _____

Email: _____

ID# _____

Post Information

Post Home Location: _____
(Street address)

City/Zip: _____

Mailing Address: _____

City/Zip: _____

Post Phone: _____

E-Mail: _____