



POST COMMITTEE CHAIRMAN

POST NO. _____ DISTRICT NO. _____ CITY _____

BOYS SCOUTS

Name: _____ Home # () _____ Cell # () _____

Address: _____

City: _____ Zip Code: _____ - _____ email: _____

ORATORICAL

Name: _____ Home # () _____ Cell # () _____

Address: _____

City: _____ Zip Code: _____ - _____ email: _____

CHILDREN & YOUTH

Name: _____ Home # () _____ Cell # () _____

Address: _____

City: _____ Zip Code: _____ - _____ email: _____

AMERICANISM

Name: _____ Home # () _____ Cell # () _____

Address: _____

City: _____ Zip Code: _____ - _____ email: _____

BOYS STATE

Name: _____ Home # () _____ Cell # () _____

Address: _____

City: _____ Zip Code: _____ - _____ email: _____

MEMBERSHIP

Name: _____ Home # () _____ Cell # () _____

Address: _____

City: _____ Zip Code: _____ - _____ email: _____

DATE: _____ SIGNATURE: _____

Post Commander or Adjutant

PLEASE TYPE OR PRINT CLEARLY. RETURN TO THE AMERICAN LEGION, DEPT. OF COLORADO, 7465 E. 1st AVENUE #D, DENVER, CO 80230.