

FORM FOR CERTIFYING POST OFFICERS (YEAR-TERM _____)

SEND THIS FORM IMMEDIATELY FOLLOWING POST ELECTION

POST NUMBER: AT

DISTRICT:

The Department of Georgia Constitution provides for election and certifications of Post Officers as follow:

Article IX - Post Organization

Section 2. Each Post shall have a Post Commander, a Senior Vice Commander, one or more Junior Vice Commanders, an Adjutant, a Chaplain, a Service Officer, a Finance Officer, an Historian, a Sergeant-at-Arms, an Executive Committee, and such other officers as the Post may determine.

Section 6. Each Post shall elect its officers annually at a time not less than fifteen (15) days nor more than sixty (60) days in advance of the ensuing Department Convention. They shall be installed in their respective offices at the next succeeding regular meeting of the Post following the Annual Department Convention and commence to function immediately.

POST COMMANDER INFORMATION

| | | | |
|----------------|----------------|------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | City & State | | ZIP: |

POST ADJUTANT INFORMATION

| | | | |
|----------------|----------------|------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | City & State | | ZIP: |

POST FINANCE OFFICER INFORMATION

| | | | |
|----------------|----------------|------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | City & State | | ZIP: |

POST SENIOR VICE COMMANDER INFORMATION

| | | | |
|----------------|----------------|------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | City & State | | ZIP: |

POST VICE COMMANDER INFORMATION

| | | | |
|----------------|----------------|------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | City & State | | ZIP: |

POST VICE COMMANDER INFORMATION

| | | | |
|----------------|----------------|------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | City & State | | ZIP: |

POST VICE COMMANDER INFORMATION

| | | | |
|----------------|----------------|--------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | | City & State | ZIP: |

POST VICE COMMANDER INFORMATION

| | | | |
|----------------|----------------|--------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | | City & State | ZIP: |

POST JUDGE ADVOCATE INFORMATION

| | | | |
|----------------|----------------|--------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | | City & State | ZIP: |

POST CHAPLAIN INFORMATION

| | | | |
|----------------|----------------|--------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | | City & State | ZIP: |

POST SERVICE OFFICER INFORMATION

| | | | |
|----------------|----------------|--------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | | City & State | ZIP: |

POST HISTORIAN INFORMATION

| | | | |
|----------------|----------------|--------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | | City & State | ZIP: |

POST SERGEANT-AT-ARMS INFORMATION

| | | | |
|----------------|----------------|--------------|-------------------|
| Name | Membership ID# | Home Phone | Cell Phone Number |
| Street Address | | City & State | ZIP: |

Regular Post Meeting Night(s)

Time:

Annual Dues:

Does Post Have a Post Home?

Own:

Rent

Exact Location of Post (Post Address):

Post Phone Number:

| | | |
|----------------|--------------|------|
| Street Address | City & State | ZIP: |
|----------------|--------------|------|

Post Email

Signed: _____

Date _____

Post Commander or Post Adjutant