

Chapter \_\_\_\_\_ Officer List for Membership Year 20\_12\_

Director Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Asst Director Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Secretary Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Treasurer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Sgt at Arms/Run Coordinator Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Historian Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Chaplain Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Judge Advocate  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Post Advisor  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Address Membership Supplies Should be sent to

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Complete and send to Department:

The American Legion  
Department of Missouri, Inc.  
PO Box 179  
Jefferson City, MO 65102-0179