

Missouri American Legion Riders

ALR Chapter _____ Officer List for Membership Year 20____

(Must have minimum of 5 members/officers)

(Elections must take place 30 days prior to the Department Convention)

(Officer Roster needs to be to Department NLT 1 July)

Questions – call 800-846-9023 – ask for ALR Programs (Services)

Director	Name _____ Address _____ City, State, Zip _____ Email _____ Phone _____	Member ID #: _____ Legion ____ Aux ____ SAL ____
Asst Director	Name _____ Address _____ City, State, Zip _____ Email _____ Phone _____	Member ID #: _____ Legion ____ Aux ____ SAL ____
Secretary	Name _____ Address _____ City, State, Zip _____ Email _____ Phone _____	Member ID #: _____ Legion ____ Aux ____ SAL ____
Treasurer	Name _____ Address _____ City, State, Zip _____ Email _____ Phone _____	Member ID #: _____ Legion ____ Aux ____ SAL ____
Sgt at Arms	Name _____ Address _____ City, State, Zip _____ Email _____ Phone _____	Member ID #: _____ Legion ____ Aux ____ SAL ____

Continued - Next page

Historian Name _____ Member ID #: _____
Address _____
City, State, Zip _____ Legion ____
Email _____ Aux ____
Phone _____ SAL ____

Chaplain Name _____ Member ID #: _____
Address _____
City, State, Zip _____ Legion ____
Email _____ Aux ____
Phone _____ SAL ____

Judge Name _____ Member ID #: _____
Advocate Address _____
City, State, Zip _____ Legion ____
Email _____ Aux ____
Phone _____ SAL ____

Post Advisor Name _____ Member ID #: _____
Address _____
City, State, Zip _____ Legion ____
Email _____ Aux ____
Phone _____ SAL ____

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
or scan and email to: programs@missourilegion.org**