

2017-2018 COUNTY OFFICER REPORT 2017-2018

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NAME OF COUNTY _____

MEETINGS HELD AT _____ ON _____

DATE OF ELECTION _____ CMDR.
SIGNATURE _____

COMMANDER _____ POST # _____ ID# _____

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CITY, ZIP _____

E-MAIL _____ CELL # () _____

ADJUTANT _____ POST # _____ ID# _____

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SERVICE OFFICER _____ POST # _____ ID# _____

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FINANCE OFFICER _____ POST # _____ ID# _____

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MEMBERSHIP CHM'N. _____ POST# _____ ID# _____

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CITY, ZIP _____

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**This form must be returned to Department Headquarters prior to Department Convention.
Forward one copy to Department and keep one copy for your files.**