

2018-2019 COUNTY OFFICER REPORT 2018-2019

Please Print or Type this Report

DATE _____

NAME OF COUNTY _____

MEETINGS HELD AT _____ ON _____

DATE OF ELECTION _____ CMDR. SIGNATURE _____

COMMANDER _____ POST # _____ ID# _____

ADDRESS _____ CITY, ZIP _____ HOME # () _____

E-MAIL _____ CELL # () _____

ADJUTANT _____ POST # _____ ID# _____

ADDRESS _____ CITY, ZIP _____ HOME # () _____

E-MAIL _____ CELL # () _____

SERVICE OFFICER _____ POST # _____ ID# _____

ADDRESS _____ CITY, ZIP _____ HOME # () _____

E-MAIL _____ CELL # () _____

FINANCE OFFICER _____ POST # _____ ID# _____

ADDRESS _____ CITY, ZIP _____ HOME # () _____

E-MAIL _____ CELL # () _____

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

ADDRESS _____ CITY, ZIP _____ HOME # () _____

E-MAIL _____ CELL # () _____

VICE CMDR. _____ POST # _____ ID# _____

VICE CMDR. _____ POST # _____ ID# _____

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