

COUNTY OFFICER REPORT

20 _____ - 20 _____

Please Print or Type this Report

DATE _____

NAME OF COUNTY _____

MEETINGS HELD AT _____ ON _____

DATE OF ELECTION _____ CMDR.
SIGNATURE _____

COMMANDER _____ POST # _____ ID# _____

ADDRESS _____ HOME #() _____
CITY, ZIP _____

E-MAIL _____ CELL #() _____

ADJUTANT _____ POST # _____ ID# _____

ADDRESS _____ HOME #() _____
CITY, ZIP _____

E-MAIL _____ CELL #() _____

SERVICE OFFICER _____ POST # _____ ID# _____

ADDRESS _____ HOME #() _____
CITY, ZIP _____

E-MAIL _____ CELL #() _____

FINANCE OFFICER _____ POST # _____ ID# _____

ADDRESS _____ HOME #() _____
CITY, ZIP _____

E-MAIL _____ CELL #() _____

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

ADDRESS _____ HOME #() _____
CITY, ZIP _____

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.**