

Missouri American Legion Riders

ALR Chapter _____ Officer List for Membership Year 20____

(Must have 5 members and 5 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

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 Name _____
Address _____
City, State, Zip _____
Email _____
Phone _____

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Historian Name _____
Address _____
City, State, Zip _____
Email _____
Phone _____

Chaplain Name _____
Address _____
City, State, Zip _____
Email _____
Phone _____

Judge Name _____
Advocate 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
or scan and email to: programs@missourilegion.org**