American Legion Riders Association
Chapter Information Form
(Print, fill out, and mail)

☐ Check if recognized by your department

☐ Check if department organized by Districts and enter your District number/name: _____

☐ Check if State Chapter

☐ **New/unlisted Chapter** ☐ **Information Update**

(Date formed: _____) **(Today's date: _____)**

Post Number: _____ Post Mailing Address: _____

City: _____ State: _____ Zip: _____

☐ **Check if ALR communications should be addressed to American Legion Riders at the Post address above, otherwise, fill in ALR Mailing Address section below.**

ALR Mailing Address: _____

City: _____ State: _____ Zip: _____

☐ Chapter website at http:// _____

(Check box and complete URL information if your Chapter has a website)

Office (**Bold** are required *italics* not elected officer)	Officer Name First "Nickname" Last	Address and Phone Address City, State Zip (Area Code) Phone #	Officer E-mail Address
Director			
Assistant Director			
Secretary			
Treasurer			
Run Coordinator			
Membership Chairman			
Historian			
Chaplain			
Webmaster			

Mail completed form to: ALR Info c/o Keith "Dawg" Jones 1330 Michigan St., Ferdinand, Indiana 47532 or email to dawgj@psci.net