

DISTRICT _____

POST _____

POST INSPECTION FORM

(Must be completed and returned by MARCH 1st)

As _____, I have visited _____
(TITLE) (POST NAME)

Post No. _____, _____, Ohio, I have inspected the Post records, and report as follows:

- (1) Names of Officers: On file in Department Headquarters Yes No (See Back)
- (2) Post meets regularly Yes No DAY _____ TIME _____
- (3) At (location): _____
- (4) Meetings held in: Post Home Rented Property
 Public Building Members' Homes
- (5) # Attending the Meetings: _____ Conducted according to ritual Yes No
- (6) Post has: Constitution and By-Laws Yes No Last revised _____
- (7) Post is incorporated is not incorporated
- (8) Adjutant keeps accurate membership records Yes No; Minutes of Meetings Yes No
- (9) Finance Officer keeps proper record of all funds Yes No
Officers handling money are bonded Yes No; Post Finance Records are audited Yes No
- (10) Total Post Dues, including State and National per capita \$ _____
- (11) In accepting new members, eligibility is verified Yes No
- (12) Post has Service Officer Yes No; Voluntary Paid
- (13) Post is active in: Rehabilitation Child Welfare Family Support Network
 Community Service Support the Troops
- (14) A definite membership effort is maintained is not maintained.
- (15) Post _____ operates bar. Type of License: _____
- (16) **CHECK TO DETERMINE WHETHER POST HAS SOCIAL OR HONORARY MEMBERSHIPS. IF SO, ADVISE THESE TYPES OF MEMBERSHIPS ARE PROHIBITED BY THE AMERICAN LEGION CONSTITUTION, AND SHOULD BE WITHDRAWN.**

(MUST BE COMPLETED BY MARCH 1)

Inspecting District Officer

Attest _____
Post Officer

Date of Inspection

POST TELEPHONE NUMBER:

- over -

Remarks and suggestions:

Post Officers: (If not on file in Department Headquarters):

Commander: _____ Address: _____

Adjutant: _____ Address: _____

1st Vice Commander _____ Address: _____

Finance Officer: _____ Address: _____

Post Service Officer: _____ Address: _____