

THE AMERICAN LEGION DEPARTMENT OF



HIO

"VETERANS STRENGTHENING AMERICA"

DEPARTMENT HEADQUARTERS: 60 BIG RUN ROAD, DELAWARE, OHIO 43015-8007
PHONE: 740-362-7478 | FAX: 740-362-1429 | EMAIL: LEGION@OHIOLEGION.COM

DISTRICT _____

POST INSPECTION FORM

(Must be completed and returned by **FEBRUARY 1st**)

As _____, I have visited _____

(TITLE)

(POST NAME)

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

(1) Post Officers on file in Department Headquarters __ Yes __ No

(2) Post meets regularly __ Yes __ No DAY _____ TIME _____

(3) At (location): _____

(4) # Attending the Meetings: _____ Conducted according to ritual __ Yes __ No

(5) Post has: Constitution and By-Laws __ Yes __ No

(a) last time updated _____ Submitted to Dept JA for review __ Yes __ No

(6) Post is incorporated _____ is not incorporated _____ incorporated expiration date * _____

*Certificate of continued existence must be filed every five years to keep incorporated status <https://businesssearch.sos.state.oh.us>

(7) Adjutant keeps accurate membership records __ Yes __ No; Minutes of Meetings __ Yes __ No

(8) Finance Officer keeps proper record of all funds __ Yes __ No;

Officers handling money are bonded __ Yes __ No; Post Finance Records are audited __ Yes __ No

(9) Total Post Dues: \$ _____

(10) In accepting new members, eligibility is verified __ Yes __ No. Does Post Accept 888 transfers Yes ___ No ___

(11) Post has Service Officer __ Yes __ No; ___ Voluntary ___ Paid

(12) Post is active in: __ Rehabilitation __ Child Welfare __ Family Support Network __ Community Service
___ Support the Troops ___ Buddy Check

(13) A definite membership effort __ is maintained ___ is not maintained.

(14) Post has a Legion Riders Chapter ___ Yes ___ No

(15) Post has an SAL __ Yes ___ No

(15a) If 'Yes' for SAL - Indicate all Squadron forms/reports that have been completed and turned in for the current year:
___ CSR ___ Certification of Squadron Officers ___ Annual Squadron Data Report

(16) Post has a AUX unit ___Yes ___No

(17) Does Post have a canteen ___Yes ___No Days open: _____ Time open: _____ Type of License: _____

(18) Does Post have a Gaming License ___Yes ___No

(19) Indicate all Post forms that have been completed and turned in: ___Consolidated Post Report ___Certification of Post Officers ___Annual Post Data Report ___Post Chairman(s) Certification Form

(20) Has the Post completed and submitted annual IRS Form 990 (for non-profit/tax-exempt status) ___Yes ___No

(21) Does Post have visible record of their Constitution & ByLaws ___Yes ___No

(22) Does Post have cremonial weapons ___Yes ___No Please list type of weapon and amount of each: _____

(23) 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.

POST TELEPHONE NUMBER: _____

Post website: _____, **Post email:** _____

Post Facebook page: _____

(MUST BE COMPLETED BY FEBRUARY 1st)

Print _____
Inspecting District Officer

Sign _____

Attest _____
Post Officer

Date of Inspection

Remarks and suggestions: