

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 **MARCH 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 MARCH 1st)

Print _____
Inspecting District Officer

Sign _____

Attest _____
Post Officer

Date of Inspection

Remarks and suggestions: