

THE AMERICAN LEGION DEPARTMENT OF



HIO

"VETERANS STRENGTHENING AMERICA"

DEPARTMENT HEADQUARTERS: 60 BIG RUN ROAD, DELAWARE, OHIO 43015-8007
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DISTRICT _____ POST _____

POST INSPECTION FORM

*(Must be completed and returned by **DECEMBER 31st**)*

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) # 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, including State and National per capita \$ _____ Per Capita \$ _____

(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

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

(14) Post has an SAL ___ Yes ___ No Post has a AUX unit ___ Yes ___ No

(14a) *If 'Yes' for SAL* - Indicate all Squadron forms that have been completed and turned in:

___ Consolidated Squadron Report ___ Certification of Squadron Officers ___ Annual Squadron Data Report

(15) A definite membership effort ___ is maintained ___ is not maintained.

(16) Does Post have a canteen ___Yes ___No Type of License: _____

(17) 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

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

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

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

(21) 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 DECEMBER 31) Print _____

Sign _____ Inspecting District Officer

Attest _____

Post Officer

Date of Inspection

Remarks and suggestions: