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) # 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 $________________________

(10) In accepting new members, eligibility is verified __ 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

(15) A definite membership effort ___ is maintained ___ is not maintained.
(16) Does Post have a canteen ___Yes ___No   Type of License: ________________

(17) 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 IF SO, ADVISE THESE TYPES OF MEMBERSHIPS ARE PROHIBITED BY THE AMERICAN LEGION CONSTITUTION, AND SHOULD BE WITHDRAWN.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 1) ________________________________

Inspecting District Officer

Attest ________________________________ ________________________________

Post Officer Date of Inspection

Remarks and suggestions:

Post Officers:

Commander: ______________________________ Address: ______________________________

Email: ______________________________

Adjutant: ______________________________ Address: ______________________________

Email: ______________________________

1st Vice Commander: ______________________________ Address: ______________________________

Email: ______________________________

Finance Officer: ______________________________ Address: ______________________________

Email: ______________________________

Post Service Officer: ______________________________ Address: ______________________________

Email: ______________________________

REV 7/30/19