



Polish Legion of American Veterans, U.S.A.

DEPARTMENT OR POST OFFICERS ROSTER INSTRUCTIONS

FORM: M-100

All requests for copies of this Form must be submitted to the National Adjutant or down loaded from our website www.plav.org.

This Form records the names and addresses of State Department or Post Officers.

In all cases the mailing address will fall into one of these categories:

1. A permanent building of said State Department or Post
2. The State or Post Commander's home address.
3. The State or Post Adjutant's home address

To assure continuity, the mailing address should follow the above order. The National Adjutant uses the mailing address for the mailing of all correspondence emanating from the National Department, and also submits the mailing address to the IRS. For these reasons it is imperative that the mailing address be correct and as permanent as possible.

Correspondence sent to the mailing address is the express property of said State Department or Post and should not be treated as personal mail. Out of courtesy, if mail is sent to the mailing address, and it is no longer a valid address, deliver it to the proper person and have them send a correction to the National Adjutant immediately.

The Form is self-explanatory. Please pay special attention to the mailing address. The Officers Roster is to be typed, but a readable printed Form is acceptable. Copies can be made, that stays with the Post and State Department. The original is to be sent to the National Adjutant. A copy made by the National Adjutant will be sent to the National Membership Director.

It is the duty of the State or Post Commander or Adjutant to complete this form immediately after each election of new officers and to submit corrections as they occur.



Polish Legion of American Veterans, U.S.A.

Department or Post Officers Roster

Fiscal Year (s) _____

Post or Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Mail to be sent to: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ E-Mail: _____

Commander

Commander's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ E-Mail: _____

Adjutant

Adjutant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ E-Mail: _____

Finance Officer

Finance Officer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Form filled out by: _____ Title: _____

Phone Number: _____ E-Mail: _____

Date: _____