

**\*\*\*\*IMPORTANT\*\*\*\***  
**PLEASE COMPLETE THE FOLLOWING**  
**INFORMATION FOR THE DEPARTMENT**  
**ROSTER**

Post Name/Number \_\_\_\_\_

Post Location (if not Post Home) \_\_\_\_\_

Post Address \_\_\_\_\_

Day/Month/Time of Meeting \_\_\_\_\_

Post Phone Number \_\_\_\_\_

**Return this form ASAP to:**

**Department of Michigan VFW**  
**924 N. Washington**  
**Lansing, MI 48906**