Department of Maryland
Veterans of Foreign Wars of the US
War Memorial Building Suite J
101 N. Gay Street
Baltimore, MD 21202
Phone: 410-752-6474 Fax: 410-783-2939

POST COMMANDER'S REPORT FORM

PLEASE NOTE: Print or type all information so that it can be properly handled. This report is to be given to your District Commander *only*.

Post Number: _____ District Number: _____ Date: _____

MEMBERSHIP: Last Year _____ This Year _____ Inspections _____

Next Meeting: Date: _____ Time: _____

Location: _____

COMING EVENTS

List all social affairs, banquets, membership rallies, dances, etc. Be sure to give all information requested. If information is not completer or eligible, that event will not be included in the Headquarters Bulletin.

DATE	EVENT	TIME	COMPLETE ADDRESS	*DONATION

CHANGES AND CORRECTIONS

List all changes and/or corrections of officers and chairman. Indicate complete information requested.

POSITION	NAME	COMPLETE ADDRESS	PHONE

TAPS LIST

List below the names of deceased comrades for the Taps List in the *VFW Maryland Combat Veteran.* Please note that the Post Chaplain must still submit a Chaplain's Report to the State Chaplain.

FORMS AND INFORMATION NEEDED

If information or forms are needed, please be sure that the person's full name and mailing address is supplied.

Post Commander's signature: _____ Post No. _____