All State Post Entry Form

Post No:	Date:		
Post Commander:	der: Phone:		
Email:			
Cap Size: Check One:Life M		Leg	acy Life Member
Post Quartermaster:		Phone:	
Email:			
Cap Size: Check One:Life M	1ember	Leg	acy Life Member
1. MEMBERSHIP CALCULATIONS:			
a. PRIOR YEAR MEMBERSHIP:			
b. CURRENT YEAR MEMBERSHIP:			
c. PERCENTAGE (B DIVIDED BY A):			
2. PRIMARY REQUIREMENTS:			
a. MEMBERSHIP ABOVE 100%:			
b. POST RETENTION AT 80% OR ABOVE:			
c. VOICE OF DEMOCRACY:			
d. PATRIOT'S PEN:			
e. OUTSTANDING TEACHER:			
f. BUDDY POPPIES PURCHASED:			
g. SUBMIT A COMMUNITY SERVICE RECORD I		-	
h. DONATION TO NATIONAL VETERAN & MIL			
i. POST COMMANDER ATTENDED DISTRICT I			
j. POST COMMANDER ATTENDED CofA:			
k. POST QUARTERMASTER ATTENDED CofA:_			
l. POST SUBMITTED FOUR TRUSTEE REPORT			
m. POST SUBMITTED ELECTION REPORT FOR			
n. POST IS APPROPRIATELY BONDED:			
o. POST INSPECTION IS COMPLETED:			
3. EXTRA CREDIT			
a. Post submitted monthly Community Service	_		
b. Safety – entry in at least one category for Di	, 0	-	
c. Post conducted at least one Hospital or Vete			
d. Post participated in a POW/MIA event or ce			
e. Participated in Commander's Special Progra	<u>. </u>		BANQUET TICKETS:
Will Post Commander attend Banquet?	Yes	No	Please check here if your Post has already sent a check for Ban-
•			quet Tickets!
Guest/Spouse:		-	Ck No:
Will Post Quartermaster attend Banquet?	Yes	No	
DEPARTMENT USE ONLY:	Date R	eceived:	
Qualified for All State Team Judging: Yes	No		