



**American Legion Riders
Department of New York
Consolidated Chapter Report
May 2018 to April 2019
Deadline May 1, 2019
PLEASE PRINT**



Chapter Name: _____ Number: _____ County: _____ District: _____

Contact Person: _____ Phone: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Chapter Membership: Legion _____ Auxiliary _____ SAL _____ Total Membership _____

Membership Last Year: Legion _____ Auxiliary _____ SAL _____ Increase/Decrease From Last Year: _____

Chapter Meetings Are Held: Day Of Month: _____ Time: _____ Location: _____

Indicate Which Organization The Chapter Officers Are Affiliated With: Legion = L, Auxiliary = A, SAL = S

President _____ Vice President _____ Secretary _____ Treasurer _____ Chaplain _____ Sgt. AT Arms _____

Membership Chair _____ Historian _____ Ride Captain _____ Historian _____ Ambassador _____

Chapter Members Holding Post, Unit, Squad. Offices: Legion _____ Auxiliary _____ SAL _____ Total _____

Chapter Rides: _____ # Rides With Other Chapters _____ # Rides With Other Motorcycle Clubs: _____

Total Number Of Rides: _____ Total Ride Miles: _____ Total Ride Participants For Year: _____

Number Chapter Members Riding In: Department Convention Parade _____ National Convention Parade _____

Chapter Has A Web Site: _____ Chapter Web Site Address: _____

Chapter Has American Legion Liaison Member That Attends Chapter Meetings: _____ Chapter Dues: \$ _____

Chapter Has Approved Constitution & By-Laws: _____ Chapter Has A News Letter Or Uses Post News Letter: _____

Our Chapter Participates In The Following Programs And Events During The Year:

Blood Drive: _____ Pints Of Blood Donated: _____ Legacy Scholarship Ride: _____ Money Raised: \$ _____

Patriot Guard Members: _____ # Veteran Funerals Attended: _____ Veterans Day: _____ Legion Birthday: _____

Memorial Day: _____ Flag Day: _____ 4th Of July: _____ Four Chaplains Sunday: _____

Special Olympics: _____ Boys' State Sponsor: _____ Has A VAVS Rep.: _____ Hill Day: _____

Mid-Winter Conference: _____ # _____ Boy Scouts: _____ # _____ American Legion College: _____ # _____

State Convention: _____ # _____ National Convention: _____ # _____ National Commander's Visit: _____ # _____

State Commander's Visit: _____ # _____ Other: _____ Other: _____ Other: _____

Our Chapter Donates To The Following Programs And Events During The Year:

United Fund: \$ _____ Red Cross: \$ _____ Cancer Research \$ _____ National Emergency Fund: \$ _____

Homeless Veterans Programs: \$ _____ Special Olympics: \$ _____ Child Welfare Foundation: \$ _____

Pony Express: \$ _____ Landstul Hospital: \$ _____ Wounded Warriors: \$ _____ YMCA: \$ _____

Comfort Warriors: \$ _____ Relay For Life: \$ _____ Children's Christmas Party: \$ _____ Scouting \$ _____

Other: _____ \$ _____ Other: _____ \$ _____ Other: _____ \$ _____

Person Preparing This Report: _____ Title _____



**One Copy Of This Completed Form Should Be Given To The Post Commander And One Copy Sent To The Following:
The American Legion Department of New York, 112 State Street Suite 1300, Albany, New York 12207**