



American Legion Riders  
 Department of New York  
 Consolidated Chapter Report  
 May to April  
 Deadline May 1  
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, 1304 Park Boulevard, Troy, New York 12180**