

BRANCH EXECUTIVE CONTACTS

Please complete this form and return it via fax 403-284-9899
or email to jmindach@abnwtlegion.com

***Personal information provided is for Command use only
and will not be publicly distributed***

PRINT CLEARLY

Date: _____

Branch Name: _____ No. _____ Dist. _____

Branch Mailing Address (Box and Civic) _____

_____ Postal Code: _____

Telephone: _____ Fax: _____

If the Branch does not have a phone or fax, please provide a main phone & fax #

Office: Days and Time of Operation:

Lounge: Days and Time of Operation:

Branch Email Address: _____

***If the Branch does not have an email address, please provide a main email for
mail-outs***

Branch Web Site: _____

President's Name _____

Ph: _____ / Cell: _____

Email: _____

Immediate Past President's Name: _____

Ph: _____ / Cell: _____

Email: _____

1st Vice President's Name: _____

Ph: _____ / Cell: _____

Email: _____

Vice President's Name: _____

Ph: _____ / Cell: _____

Email: _____

Vice President's Name: _____

Ph: _____ / Cell: _____

Email: _____

Vice President's Name: _____

Ph: _____ / Cell: _____

Email: _____

Secretary's Name: _____

Ph: _____ / Cell: _____

Email: _____

Treasurer's Name: _____

Ph: _____ / Cell: _____

Email: _____

Service Officer's Name: _____

Ph: _____ / Cell: _____

Email: _____

Membership Chair's Name: _____

Ph: _____ / Cell: _____

Email: _____

Poppy Chair's Name: _____

Ph: _____ / Cell: _____

Email: _____

Manager's Name: _____

Ph: _____ / Cell: _____

Email: _____