

# FLAG REWARDS



## Registration

(Only one registration per Post. All fields are required.)

Post # \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Preferred E-mail Address\* \_\_\_\_\_

Create a Password\* \_\_\_\_\_ (limit 10 characters)

### \*IMPORTANT!

Your e-mail address & password will be used to verify your identity for the following:

- Spending points (by phone, mail, fax, or web site).
- Inquiries for your Points balance or Points transactions.
- Ordering Flags for your Post via web site.

In addition, an annual statement of Flag purchases will be sent to your e-mail address by March 1 each year.

Post Adjutant (signature) \_\_\_\_\_

Post Adjutant (printed) \_\_\_\_\_

**Mail or fax this form to:** American Legion Emblem Sales, P.O. Box 36460, Indianapolis, IN 46236-0460

Fax: 317-630-1381

(Keep a copy for your records!)