



## American Legion Department of Missouri

### Request for Charter

Date: \_\_\_\_\_

Post Name and Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

At a regular stated meeting of this Post, we, the membership approved to sponsor a Chapter of The American Legion Riders. We request a charter be prepared and forwarded to the address above.

Post Commander

Post Adjutant

### Required Attachments:

1. List of a minimum of five eligible for membership
2. A check/money order made out to Department of Missouri in the amount of \$4 per member
3. ALR Chapter Bylaws or Operating Procedures

Please forward packet to:

American Legion  
Department of Missouri  
PO Box 179  
Jefferson City MO 65102

Chapter Request Form