

NOTIFICATION OF POST OFFICER CHANGE
SEND IF CHANGES OCCUR AFTER SUBMISSION OF POST OFFICIALS

POST # _____ POST NAME _____

CHANGE IS FOR POST _____ COMMANDER
_____ ADJUTANT
_____ FINANCE OFFICER
_____ OTHER (PLEASE SPECIFY)

NAME OF FORMER OFFICER _____

NAME OF NEW OFFICER _____

STREET ADDRESS _____

CITY, STATE, & ZIP _____

PHONE # _____

SIGNATURE _____ TITLE _____

SEND COMPLETED FORM TO: THE AMERICAN LEGION DEPT. OF MISSOURI
ATTN: MEMBERSHIP
P.O. BOX 179
JEFFERSON CITY, MO 65102-0179

PLEASE MAIL SEPARATELY FROM MEMBERSHIP OR OTHER CORRESPONDENCE.

COPY AS NECESSARY