

NOTIFICATION OF CHAPTER OFFICER CHANGE

SEND IF CHANGES OCCUR AFTER SUBMISSION OF CHAPTER OFFICIALS

DATE \_\_\_\_\_

CHAPTER # \_\_\_\_\_ CHAPTER NAME \_\_\_\_\_

CHANGE IS FOR CHAPTER

\_\_\_\_\_ DIRECTOR

\_\_\_\_\_ Asst. Director

\_\_\_\_\_ Secretary

\_\_\_\_\_ Treasurer

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

Attention: Legion Riders

PO Box 179

Jefferson City, MO 65102-0179

Copy as necessary