

POST OFFICER NOTIFICATION FORM

This form is most important and should be sent to Department Headquarters any time there is a change in Post Officers:

Post Name: _____ **Post No.** _____ **Dist. No.** _____

Retiring Officer of record: **Commander** ____ **Adjutant** ____ **Other** _____

NAME _____ **Member ID Number** _____

New Officer of record: **Commander** ____ **Adjutant** ____ **Other** _____

NAME _____ **Member ID Number** _____

Mailing Address: _____

City _____ **OR** **Zip:** _____ - _____

Home Phone: ____ - _____ **Business Phone:** ____ - _____

e-mail No. _____ **FAX Number** ____ - _____

Effective date of change: _____

Signed: _____
 Commander or Adjutant