

**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