

# DISTRICT OFFICER NOTIFICATION FORM

## Change/New Replacement

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

District \_\_\_\_\_

Retiring Officer of Record:

Commander \_\_\_ Adjutant \_\_\_ Other \_\_\_ (Please state office held) \_\_\_\_\_

NAME \_\_\_\_\_ Member ID Number \_\_\_\_\_

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New Officer of Record:

Commander \_\_\_ Adjutant \_\_\_ Other \_\_\_ (Please state office held) \_\_\_\_\_

NAME \_\_\_\_\_ Member ID Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ OR. Zip Code \_\_\_\_\_

Home Phone: \_\_\_ - \_\_\_\_\_ Business Phone \_\_\_ - \_\_\_\_\_

E-Mail : \_\_\_\_\_ FAX Number \_\_\_ - \_\_\_\_\_

Effective date of change: \_\_\_\_\_

Signed: \_\_\_\_\_

Commander or Adjutant