

POST OFFICER NOTIFICATION FORM

2024-2025

This form is most important and should be sent to Department Headquarters
anytime there is a change in Post Officers.

Post Name: _____ Post # _____ Dist.# _____

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: _____ - _____ Cell Phone: _____ - _____

Email _____ FAX Number _____ - _____

Effective date of change: _____

Signed: _____

Post Commander or Adjutant