

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 _____

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