

**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: \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_

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

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

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

Commander or Adjutant