

8

## POST OFFICER NOTIFICATION FORM 2026-2027

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