



THE AMERICAN LEGION POST CHARTER NAME CHANGE FORM

(MUST BE SENT THROUGH STATE AMERICAN LEGION DEPARTMENT OFFICE)

MAIL:

THE AMERICAN LEGION
INTERNAL AFFAIRS & MEMBERSHIP
ATTN: CHARTERS CLERK
P.O. BOX 1055
INDIANAPOLIS, IN 46206-1055

Date:

Date Format: mm/dd/yyyy (select date by clicking inside box)

EMAIL: IA@legion.org

TO: INTERNAL AFFAIRS & MEMBERSHIP DIVISION

FROM: DEPARTMENT OF:

Post No: SAL Squadron YES OR NO

Old Name of Post:

New Name of Post:

{ **NOTE:** If Post naming after a deceased individual a consent/permission letter from a family member must be provided }

REQUIRED PAPERWORK TO ATTACH: POST MEETING MINUTES - POST RESOLUTION OR BOTH

{ only (1) option above is required }

COMMENTS:

NOTE: REPLACEMENT CHARTERS WILL BE CREATED AND SENT TO THE STATE DEPARTMENT HEADQUARTERS FOR AUTHORIZING ENDORSEMENT SIGNATURES ONCE THE NAME CHANGE HAS BEEN PROCESSED BY NATIONAL HEADQUARTERS.

IF THE POST HAS AN ACTIVE SAL SQUADRON, THE SQUADRON NAME WILL ALSO BE CHANGED BY DEFAULT

FOR NATIONAL HEADQUARTERS STAFF USE ONLY:

PERMANENT CHARTER DATE: _____

NAME CHANGE DATE: _____

EIN / TAX ID#: _____