THE AMERICAN LEGION NATIONAL HEADQUARTERS
Notification of Post/Squadron Commanders & Adjutants

Department of _____________________________ Post No. ___________ Date ____________

POST COMMANDER

Enter Member ID # _____________________________ □ incumbent □ Newly Elected/Appointed
Name _____________________________
Phone _____________________________ □ Cell □ Home □ Work
Email _____________________________

POST ADJUTANT

Enter Member ID # _____________________________ □ incumbent □ Newly Elected/Appointed
Name _____________________________
Phone _____________________________ □ Cell □ Home □ Work
Email _____________________________

(Complete this section if Post has an SAL Squadron.)

SQUADRON COMMANDER

Enter Member ID # _____________________________ □ incumbent □ Newly Elected/Appointed
Name _____________________________
Phone _____________________________ □ Cell □ Home □ Work
Email _____________________________

SQUADRON ADJUTANT

Enter Member ID # _____________________________ □ incumbent □ Newly Elected/Appointed
Name _____________________________
Phone _____________________________ □ Cell □ Home □ Work
Email _____________________________

SIGNATURE OF POST ADJUTANT

DEPARTMENT COPY
The American Legion National Headquarters

NOTIFICATION OF POST/SQUADRON COMMANDERS & ADJUTANTS

The Post Adjutant is to complete this form when all officers (who must be in good-standing) for the upcoming membership year are known, and will then forward the original (white) and its copy (blue) to the Department Headquarters. Do not detach the forms.

INSTRUCTIONS TO POST ADJUTANTS
Post/Sqdn Commander & Adjutant Notification Form

Use this form to report the following to Department & National Headquarters:

A. Your department and post number.

B. The name, member ID number, phone number and email address of the post/squadron commander and adjutant for the impending membership year.

C. Indicate the re-election/re-appointment of the incumbent or a newly elected or appointed officer by placing an X in the appropriate box.

D. If the post doesn’t sponsor an SAL Squadron, leave that section blank.

E. Sign the bottom of the form in the space provided.

After completing the form, the Post Adjutant is to submit the original (white) and its copy (blue) to the Department Headquarters. Do not detach the forms.

INSTRUCTIONS TO DEPARTMENTS

The department will retain the blue copy for its records and forward the original (white) Notification Form to National Headquarters at the following address:

The American Legion  
IT/Data Services  
PO Box 1954  
Indianapolis IN 46206

The department should forward the forms to IT/Data Services a quickly as the information is received from its posts. Please do not hold the forms. Refer to the department copy of the Notification Form to verify posts whose new officers have not yet been reported to National Headquarters.

NOTE: If a post or squadron officer reported on this form is unable to complete his/her term, the Post Adjutant should report this information as soon as possible to the Department Headquarters and provide his/her replacement’s name, ID number, phone number and email address. This should be reported in writing, preferably on post letterhead. The department will update its records and forward the notification to National Headquarters. It’s very important for the Department and National Headquarters to have current officer information at all times.