Notice of Squadron Officer Change

Squadron # _____ Change is for: Commander ☐

Adjutant ☐

Name of old Officer: _____

ID # for old Officer: _____

Name of new Officer: _____

Member ID #: _____

Address: _____

City: _____ State: _____

ZIP +4: _____ Phone #: _____

Signature / Title: _____

Send to: The American Legion, Department of Florida
P.O. Box 547859
Orlando, FL 32854-7859

All Officer changes **must** be submitted in writing or on this form.
Verbal changes cannot be taken over the phone.