

2018 – 2019 Membership Information and Awards Manual  
**NOTIFICATION OF POST CHANGES**

USE THIS FORM, to report changes made to any of the following items, after you have sent in the Annual Post Officer Report.

All Department mailings are based on the information you provide to us. Mail will go to the last address on file unless this form is received.

Post Name/# \_\_\_\_\_ Date \_\_\_\_\_

Post Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/ \_\_\_\_\_ Zip \_\_\_\_\_

Post Home Address \_\_\_\_\_

City \_\_\_\_\_ State/ \_\_\_\_\_ Zip \_\_\_\_\_

Post UPS Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State/ \_\_\_\_\_ Zip \_\_\_\_\_

Post Phone # \_\_\_\_\_ Post Fax # \_\_\_\_\_

Post Dues \_\_\_\_\_

Post Dues Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/ \_\_\_\_\_ Zip \_\_\_\_\_

Post E-mail Address \_\_\_\_\_

Post Web Site Address \_\_\_\_\_

Commander and/or Adjutant; Use form on [page 81](#).

Program Chairmen; Use appropriate forms in the Post Administrative Manual.

Post Officers' Signature \_\_\_\_\_ ID# \_\_\_\_\_

FAX TO: 407/299-0901 or Mail TO: The American Legion, Dept of Florida  
ATTN: Dept. Roster Changes  
PO Box 547859  
Orlando FL 32854-7859

Email: [jscowden@floridalegion.org](mailto:jscowden@floridalegion.org)

Duplicate As Necessary