

2026-2027 Notification of Post Changes



USE THIS FORM, to report changes made to any of the following items, after you have sent in the 2026-2027 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 _____ Post # _____

Post Mailing Address _____

City _____ State _____ Zip _____

Post Home Address _____

City _____ State _____ Zip _____

Post UPS Shipping Address _____

City _____ State _____ Zip _____

Post Phone _____ Post Fax _____

Post Email _____

Post Website _____

For a change of Program Chairmen use appropriate forms in the Post Administrative Manual.
For a change of Commander and or Adjutant use *Notification of Post Commander/Adjutant Change* form.

Post Officers' Signature _____ Date _____

The American Legion, Department of Florida

or

Fax: (407) 299-0901

Attn: Roster

Email: events@floridalegion.org

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