



# THE AMERICAN LEGION

## POST CHARTER CANCEL / MERGE FORM AND CHECKLIST

Pursuant to NEC Resolution No. 27 adopted by the National Executive Committee in regular meeting assembled in Indianapolis, Indiana, on May 4-5, 1983, this approved form must be completed by Departments and submitted to the National Executive Committee when requesting Post Charter cancellation. Action will be taken on the request for Post Charter cancellation at the next regular scheduled meeting of the National Executive Committee. By action of the Department Executive Committee of The American Legion, Department of \_\_\_\_\_ request is hereby submitted to cancel the charter of the below listed American Legion Post Charter.

**Post Charter Name** \_\_\_\_\_ **Post No.** \_\_\_\_\_

**Post Charter Location** \_\_\_\_\_ **Squadron** \_\_\_\_\_ **YES OR NO**  
( **select one box** )

**Highest Membership Recorded** \_\_\_\_\_ ( ( if applicable ) )

**Total post o embership for the last vthree (3) { ears:**

YEAR	MEMBERSHIP

**Note:** Please leave the  
YEAR and MEMBERSHIP  
fields blank if unknown.

**Info:** Charter Dates can be located on Personify > Subgroups > Profile Info tab > select Demographics

**Temporary Charter Date** \_\_\_\_\_ { select dates by clicking inside boxes }

**Permanent Charter Date** \_\_\_\_\_ (if applicable) **Date Format:**  
MM / DD / YYYY

**Supplemental Charter Date** \_\_\_\_\_ (if applicable)

**Provide a brief reason for the post charter cancel / merge request:**

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**THIS IS TO CERTIFY THAT THE ABOVE ACTION WAS TAKEN BY OUR DEPARTMENT EXECUTIVE COMMITTEE**

Department Signatory Name

Type First and Last name to serve as digital signature

Department Signatory Title

Date

{ select date by clicking inside box }

**Date Format:**  
MM / DD / YYYY

**Note:** The American Legion National Executive Committee is responsible for making the final decision of approval for each cancel / merge request. It is required all post charter cancel / merge requests be sent through the American Legion Department Headquarters in the state of post charter, visit [www.legion.org/about/organization/departments](http://www.legion.org/about/organization/departments) to locate contact information for the applicable state. Any forms received direct without the proper signatory endorsements will be forwarded for authorization which may cause delays in the request.

**\* POST CHARTER CANCEL / MERGE FORM & CHECKLIST ARE REQUIRED WITH EACH SUBMISSION \***



## THE AMERICAN LEGION POST CHARTER CANCEL / MERGE CHECKLIST

### STEPS / ACTIONS:

Please provide brief information for each question, action and/or comment in the spaces provided below.

#### **Area and District Post Development / Revitalization Teams:**

Please provide short descriptions for each question, action, or comment in the spaces below. Make sure to consider all recommended steps / actions before sending a request for post charter cancellation to the Department Headquarters office.

#### **Post Officers:**

It is requested post charter cancellation forms be sent through the American Legion Department Headquarters in your state. Visit [www.legion.org/about/organization/departments](http://www.legion.org/about/organization/departments) to find contact information for your state.

1. What is the veteran population in the community and surrounding area of the Post?
2. Have the remaining members and Post Officers been contacted to determine if the Post is receptive to new membership and leadership mentoring?
3. Has the post contacted the department headquarters office for a list of active or expired headquarters post members in the zip code of the proposed post canceling? If so, has contact been made to pursue membership transfers or renewal at the post?
4. Does the Post hold scheduled monthly meetings? If not, when was the last meeting held and what was the purpose of the meeting?
5. Have the remaining members of the post been made aware that there is a request for cancellation of their charter?
6. Determine programs and services the Post might provide for the community and the veterans of the community.
7. Is there a school, county seat, prison, or veteran's center in the area? If yes, what programs and services has the Post provided for them? If none, was there a time when the Post did provide activities and services?

8. Is the communities population growing or declining? How so?
9. Has the Post been made aware of the help they can receive from the Post Development /Revitalization Team?
10. Has the Post Development / Revitalization Team contacted veterans in the area and the expired and active Headquarters Post membership for their input and assistance in developing or revitalizing the Post?
11. Does the Post have a post home and/or meeting place?
12. Does the Post have any ceremonial rifles and/or static military equipment? If so, what actions are being taken to secure the rifles? Has TACOM been contacted or items returned? [ TACOM / Army Donations Program Office (ADPO) | (phone) 586-282-9861 | (email) [usarmy.detroit.tacom.mbx.ilsc-donations@army.mil](mailto:usarmy.detroit.tacom.mbx.ilsc-donations@army.mil) ]

**Team / Individual Recommendation:**

The Post Development / Revitalization Team is recommending the following action based upon their research and the communities input: \*\* **Please select one check box below**

**Recommend cancellation of the post charter with no action to follow**

**Merge existing Post membership into Post No.**

**Comments:**

**NOTE:** Following the NECs approval of a post cancellation or merger, any members still remaining will be automatically transferred to the Department Headquarters Post by default.

**Post Development / Revitalization Team member responsible for doing the evaluation:**

\*\* **Please select one check box below**

**Department Team**

Contact Name:

**Area Team**

Address:

(include city, state & zip)

**District Team**

Telephone Number:

**List Any additional Post Development / Revitalization Team Members (if applicable):**

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**THIS IS TO CERTIFY THAT THE ABOVE ACTION WAS TAKEN BY OUR DEPARTMENT EXECUTIVE COMMITTEE**

**ATTEST:**

Department Commander

Type First and Last name to serve as digital signature

Department Adjutant

Type First and Last name to serve as digital signature

Date

( Date Format: mm/dd/yyyy | click inside above box )

Date

( Date Format: mm/dd/yyyy | click inside above box )