



THE AMERICAN LEGION

POST CHARTER NAME CHANGE REQUEST FORM

(**MUST BE SENT THROUGH STATE AMERICAN LEGION DEPARTMENT OFFICE**)

MAIL:
THE AMERICAN LEGION
ATTN: CHARTERS
P.O. BOX 1055
INDIANAPOLIS, IN 46206-1055

Date: _____
Date Format: mm/dd/yyyy (select date by clicking inside box)

EMAIL: IA@legion.org

TO: INTERNAL AFFAIRS & MEMBERSHIP DIVISION

FROM: DEPARTMENT OF:

Post No: _____ SAL Squadron YES OR NO

Old Name of Post:

New Name of Post:

{ **NOTE:** If Post naming after a deceased individual a consent/permission letter from a family member must be provided }

REQUIRED PAPERWORK TO ATTACH: POST MEETING MINUTES **OR** POST RESOLUTION

COMMENTS:

NOTE: Any applicable replacement charter(s) will be created and sent to the state American Legion department headquarters office for endorsing signatures and processing. The state department office will forward to the respective post/squadron once final.

If the Post has an SAL Squadron, the squadron name and/or location will also be changed by default.

Contact information for the American Legion Department state headquarters offices can be found on our website by clicking here www.legion.org/about/organization/departments

FOR NATIONAL HEADQUARTERS STAFF USE ONLY:

PERMANENT CHARTER DATE:

NAME CHANGE DATE:

EIN / TAX ID#:

REVISED: NOV / 2024