



THE AMERICAN LEGION NATIONAL HEADQUARTERS

Notification of Post/Squadron Commanders & Adjutants

Department of

Louisiana

Dist ____

Post No.

Date

POST COMMANDER

Enter Member ID #

☐ Incumbent

☐ Newly Elected/Appointed

Name

Phone

☐ Cell

☐ Home

☐ Work

Email

POST ADJUTANT

Enter Member ID #

☐ Incumbent

☐ Newly Elected/Appointed

Name

Phone

☐ Cell

☐ Home

☐ Work

Email

(Complete this section if Post has an SAL Squadron.)

SQUADRON COMMANDER

Enter Member ID #

☐ Incumbent

☐ Newly Elected/Appointed

Name

Phone

☐ Cell

☐ Home

☐ Work

Email

SQUADRON ADJUTANT

Enter Member ID #

☐ Incumbent

☐ Newly Elected/Appointed

Name

Phone

☐ Cell

☐ Home

☐ Work

Email

SIGNATURE OF POST ADJUTANT