



THE AMERICAN LEGION

APPLICATION FOR A SUPPLEMENTAL CHARTER

(Must be sent through Department Headquarters)

Please read National Headquarters guidelines before filling in the blanks

To The American Legion, Department of _____

We, the members of _____ Post No. _____ having functioned under a regular charter of The American Legion, hereby request the issuance of a supplemental charter in our corporate capacity.

Since the issuance of said original charter, this Post has incorporated under the state laws of _____ for the sole purpose of protecting individual members thereof from liability in the event of litigation against said Post.

This Post has since its incorporation continued its allegiance to the National Constitution and By-Laws of The American Legion and the _____ Department thereof, and the National organization of The American Legion and the _____ Department have continued to recognize said Post as a subordinate unit of The American Legion and of said Department regardless of its incorporation.

The said Post in its corporate capacity makes application for a supplemental charter and by said application it acknowledges and will continue to be bound by all the provisions of the Constitution and By-Laws of The American Legion and the Department of _____ and any and all amendments thereof, and supplements thereto, or repealers thereof, now existing or which in the future may be adopted, as well as all the rules, regulations and orders heretofore, or hereafter, promulgated in pursuance thereof.

1. Present Charter Name _____

Old EIN # _____ - _____ Post No. _____

2. Incorporated Name _____

New EIN # _____ - _____ Post No. _____

3. City or Town in which Post is located _____

4. Date of Incorporation of Post _____

5. Attach a copy of the Certification of Incorporation.

Please include the new name,

Incorporated Name _____

in its application to the Department of Internal Revenue for a group exemption so that this Post may be exempt from the payment of Federal Income Tax under the provisions of Section 501 (c)(19) of the Internal Revenue Code of 1954, as amended.

ATTEST:

Post Adjutant Signature _____

Post Commander Signature _____

To be completed by the Department. Approved with recommendation that charter be issued.

Date (select date from drop-down menu)

Department Commander or Adjutant Signature _____

Department of _____

FOR NATIONAL HEADQUARTERS USE ONLY:

Date _____

National Adjutant Signature _____

Revised: April / 2022