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**

[Please select applicable box above]

Highest Membership Recorded _____ (if applicable)

Total post membership for the last three (3) years:

YEAR	MEMBERSHIP
_____	_____
_____	_____
_____	_____

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

Info: Charter Dates are located on Personify | choose **Subgroups** > **Profile Info** > **Demographics** to locate dates

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: _____

_____

_____

_____

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 (state) Headquarters office where the post is located, visit www.legion.org/about/organization/departments to locate state contact information. Any forms received direct without the proper signatory endorsements will be forwarded for authorization which may cause delays in the request.

IMPORTANT NOTICE: This form, along with the cancellation checklist (pages 2 and 3), is mandatory for each submission to be considered by the National Executive Committee

DEPARTMENT _____

POST NO. _____

THE AMERICAN LEGION
POST CHARTER CANCEL / MERGE CHECKLIST

STEPS / ACTIONS:

Use the spaces provided to supply brief information for each question, action, or comment.

Area and District Post Development / Revitalization Teams:

In the spaces below, provide short descriptions for each question, action, or comment. Ensure all recommended steps and actions have been considered before forwarding a post charter cancellation request to your Department (state) Headquarters office.

Post Officers:

Please send post/squadron charter cancellation forms through the American Legion Department Headquarters in your state. To locate your department's contact information, visit www.legion.org/about/organization/departments

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]

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 NEC review of post cancellation / mergers, any members still remaining in post will be automatically transferred to the Department Headquarters Post by default unless otherwise indicated.

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

** Please select one check box below

Department Team ___
Area Team ___
District Team ___

Contact Name: _____
Address: _____
(include city, state & zip) _____
Telephone Number: _____

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

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

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

Department Adjutant
Type First and Last name to serve as digital signature

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