



THE AMERICAN LEGION "SQUADRON ONLY" CHARTER CANCELLATION REQUEST FORM

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 Squadron Charter cancellation. Action will be taken on the request for Squadron Charter cancellation at the next regular scheduled meeting of the National Executive Committee.

By action of the Department Executive Co	ommittee of The American Legion, Department of
	, request is hereby submitted to cancel the Squadron
Charter of the below listed Sons of The A	merican Legion Squadron.
Squadron Name:	Squadron #:
Squadron Location:	
Highest Membership Ever Recorded:	
Total Squadron Me	embership For The Last Five (5) Years:
YEAR	MEMBERSHIP NOTE: Please leave fields blank if unknown.
Squadron Charter Date:	{ select dates by clicking inside boxes } Date Format: MM / DD / YYYY
Reason Squadron Charter Cancellation is	Requested
THIS IS TO CERTIFY THAT THE ABOVE ACTION	N WAS TAKEN BY OUR DEPARTMENT EXECUTIVE COMMITTEE
Department Adjutant or Commander - printed name	
Department Adjutant <u>or</u> Commander - signature	
Date	{ select date by clicking inside box } Date Format: MM / DD / YYYY

NOTE: Final approval will be determined by The American Legion National Executive Committee. All squadron cancellation requests must be submitted through the Department American Legion state office. Any forms received directly at National Headquarters will be forwarded to the Department state office for authorization and endorsement and could cause delays in processing.

** THE POST CHARTER CANCELLATION CHECK LIST IS <u>NOT</u> REQUIRED WITH THIS FORM **

DUPLICATE THIS FORM AS NECESSARY