



THE AMERICAN LEGION POST PERMANENT CHARTER APPLICATION

(APPLICATION MUST BE SUBMITTED THROUGH STATE DEPARTMENT HEADQUARTERS OFFICE)

To The American Legion, Department of _____),

the members of _____ Post No. _____

Having functioned under a temporary charter for ninety days or longer, hereby request a permanent charter for this Post under the name given below. We agree to maintain a Post organization in conformity with the policies of our Department and National organizations and have selected the necessary officers and committees to further the work and ideals of The American Legion. We further agree to forward notice of all changes in our Post organization and all necessary information concerning activities of our Post to Department Headquarters for the information and guidance of the Department and National organizations.

1. Permanent Charter Name _____ Post No. _____

2. City or Town in which Post is located _____

3. Names and address of Post Officers:

- (a) Commander _____
(Name) _____ (Address) _____
- (b) Vice Commander _____
(Name) _____ (Address) _____
- (c) Adjutant _____
(Name) _____ (Address) _____
- (d) Finance Officer _____
(Name) _____ (Address) _____
- (e) Chaplain _____
(Name) _____ (Address) _____
- (f) Sergeant-at-Arms _____
(Name) _____ (Address) _____
- (g) Historian _____
(Name) _____ (Address) _____
- (h) Service Officer _____
(Name) _____ (Address) _____

The Post Adjutant should notify the state American Legion Department Headquarters of all changes in officers

4. Standing Committees functioning regularly in accordance with duties outlined or implied in the "Post Handbook":

- (a) Americanism _____
- (b) Child Welfare _____
- (c) Rehabilitation and Service _____
- (d) Security _____
- (e) House and Entertainment _____
- (f) Membership _____
- (g) Finance and Audit _____
- (h) Publicity and Public Relations _____
- (i) Legal _____
- (j) Athletics _____
- (k) Sons of the American Legion _____

5. Statistics:

- (a) Total number of members paid up for the current year _____ If organized, membership from previous year? _____
- (b) Approximate number of ex-service persons to draw from _____
- (c) Are the custodians of Post funds properly bonded? _____
- (d) Are the ceremonies prescribed in the official Manual of Ceremonies used on all occasions? _____
- (e) Are Post clubrooms maintained? _____ Are quarters rented, donated to the Post or owned by the Post? _____
If quarters are not owned by the Post, has a building fund been started? Amount on hand \$ _____
- (f) Is a Post publication or any form of information pamphlet regularly issued? _____
- (g) Does your Post have a band or drum corps? _____
- (h) Does your Post have a Unit of the American Legion Auxiliary? _____
- (i) Does your Post have a Squadron of the Sons of The American Legion? _____
- (j) Has your Post adopted a Post Constitution and By-Laws? _____

6. General Information (see instructions):

Post Adjutant

Post Commander

Type your First and Last Name to serve as your digital signature

INSTRUCTIONS FOR FILLING OUT APPLICATION

Instructions for filling out numbered paragraphs on the above page:

1. Enter the name under which you desire the Post to be permanently chartered as. The Post may adopt a new name at this time. However, the original Post number will be retained.
2. If possible, give a permanent mailing address.
3. Enter the name and mailing address of the Post Officers designated. These offices must be filled out before a Permanent Charter can be issued.
4. Select all applicable boxes provided. The committees have an important part to play of an efficient organization.
5. Enter answers to these questions, this information is very important.
6. Under the classification of General Information, please list all outstanding facts about the activities of the Post, its activities along patriotic and memorial lines, its service and relief work projects for community betterment, cooperation with other patriotic and benevolent organizations, means used to raise funds for various purposes, athletic and social activities, etc.

FOR NATIONAL HEADQUARTERS STAFF USE ONLY:

APPROVED WITH RECOMMENDATION THAT A
PERMANENT CHARTER BE ISSUED:

**This section to be completed by the
Department Headquarters office only:**

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

Permanent Charter Date:

Department Commander or Adjutant - signature

National Adjutant - signature

Department: _____