DATE	POST NUMBER	POST LOCATION		DISTRICT NUMBER	
OFFICE TITLE TO BE CHANGED OR CORRECTED (i.e. Commander, Quartermaster, etc.)					
NAME OF NEW OFFICER			MEMBERSHIP NUMBER		
STREET ADDRESS					
STREET ADDRESS					
CITY, STATE, ZIP CODE					
DAYTIME PHONE NUMBER		CELL PHONE N	CELL PHONE NUMBER		
E-MAIL ADDRESS					
REASON FOR CHANGE (Deceased, resigned, etc.)					
(	-, ·, g. ·,				
NAME OF PERSON REPORTING	CHANGE		PHONE NUMBER		

THIS FORM IS TO BE USED TO CHANGE CURRENT POST OR DISTRICT OFFICERS ONLY. IT IS NOT TO BE USED AS AN ELECTION REPORT.

NOTE: Post may report Officer Changes online in the National OMS System at: www.VFW.org

Send completed form to: Dept. of Missouri VFW Headquarters

3401 Knipp Drive

Jefferson City, MO 65109

OR

E-mail: adj@movfw.org