

# VFW OFFICER CHANGE / CORRECTION FORM

Post  District   
Date

Title to be changed or corrected:

|   |                      |
|---|----------------------|
| Name of New Officer                             | <input type="text"/> |
| Card Number                                     | <input type="text"/> |
| Street Address                                  | <input type="text"/> |
| City, State, Zip Code                           | <input type="text"/> |
| Daytime Phone #                                 | <input type="text"/> |
| E Mail Address                                  | <input type="text"/> |
| Name and Title of Reporting Officer             | <input type="text"/> |
| Reason for Change, (Deceased, Resignation, etc) | <input type="text"/> |

***This form is to be used to change current Post or District Officers only. It is not to be used as an election report.*** Send completed forms to:

Dept. of MO, VFW  
P.O. Box 26  
Jefferson City, MO 65102  
Fax: 573 636 2664

[E-mail: hqangela@mo.vfwwebmail.com](mailto:hqangela@mo.vfwwebmail.com)