



# JUNIOR AMVETS CHANGE OF OFFICERS FORM



Post No. \_\_\_\_\_ Post Name \_\_\_\_\_ Post meeting place and address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_ Meeting Time \_\_\_\_\_

TITLE	NAME	ADDRESS	CITY	STATE	ZIP
<b>President</b>					
<b>Sr. Vice President</b>					
<b>Jr. Vice President</b>					
<b>Secretary</b>					
<b>Treasurer</b>					
<b>Sgt-At-Arms</b>					
<b>Chaplain</b>					
<b>PRO</b>					
<b>Parliamentarian</b>					

Post Junior AMVETS \_\_\_\_\_

AMVETS Coordinator Name

Address and Phone Number

Post Junior AMVETS \_\_\_\_\_

Auxiliary Coordinator Name

Address and Phone Number

State Junior AMVETS \_\_\_\_\_

AMVETS Coordinator Name

Address and Phone Number

State Junior AMVETS \_\_\_\_\_

Auxiliary Coordinator Name

Address and Phone Number

This form is to be completed in triplicate (3), send one (1) copy to the National Junior President, and one (1) copy to the National Junior AMVETS Auxiliary Coordinator.

You should also send a copy to your State Coordinators and keep a copy for your files.