## THE AMERICAN LEGION "<u>SQUADRON ONLY</u>" CHARTER CANCELLATION 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 Committee of The American Legion, Department of

, request is hereby submitted to cancel the Squadron

Date Format

mm/dd/yyyy

Charter of the below listed Sons of The American Legion Squadron.

Squadron Name:

Squadron Location:

Highest Membership Ever Recorded:

Total Squadron Membership For The Last Five (5) Years:

YEAR

**MEMBERSHIP** 

NOTE: Please leave fields blank if unknown.

Squadron Charter Date:

{ select date by clicking inside box }

Reason Squadron Charter Cancellation is Requested:

THIS IS TO CERTIFY THAT THE ABOVE ACTION WAS TAKEN BY OUR DEPARTMENT EXECUTIVE COMMITTEE.

DEPARTMENT ADJUTANT OR COMMANDER:

(PRINTED NAME)

DEPARTMENT ADJUTANT OR COMMANDER:

(SIGNATURE)

DATE:

**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 NOT REQUIRED WITH THIS FORM \*\*

{ select date by clicking inside box }

DUPLICATE THIS FORM AS NECESSARY

Date Format: mm/dd/yyyy

Squadron #: