



# THE AMERICAN LEGION POST SUPPLEMENTAL CHARTER APPLICATION

( **MUST BE SENT THROUGH DEPARTMENT HEADQUARTERS OFFICE** )

To The American Legion, Department of \_\_\_\_\_

We, the members of \_\_\_\_\_ Post No. \_\_\_\_\_ having functioned under a regular charter of The American Legion, hereby request the issuance of a supplemental charter in our corporate capacity.

Since the issuance of said original charter, this Post has incorporated under the state laws of \_\_\_\_\_ for the sole purpose of protecting individual members thereof from liability in the event of litigation against said Post.

This Post has since its incorporation continued its allegiance to the National Constitution and By-Laws of The American Legion and the \_\_\_\_\_ Department thereof, and the National organization of The American Legion and the \_\_\_\_\_ Department have continued to recognize said Post as a subordinate unit of The American Legion and of said Department regardless of its incorporation.

The said Post in its corporate capacity makes application for a supplemental charter and by said application it acknowledges and will continue to be bound by all the provisions of the Constitution and By-Laws of The American Legion and the Department of \_\_\_\_\_ and any and all amendments thereof, and supplements thereto, or repealers thereof, now existing or which in the future may be adopted, as well as all the rules, regulations and orders heretofore, or hereafter, promulgated in pursuance thereof.

1. Present Charter Name

Old EIN # - Post No.

2. Incorporated Name

New EIN # - Post No.

3. City or Town in which Post is located

4. Date of Incorporation of Post ( select date by clicking inside box )

5. Attach a copy of the Certification of Incorporation.

Please include the new name,

Incorporated Name

in its application to the Department of Internal Revenue for a group exemption so that this Post may be exempt from the payment of Federal Income Tax under the provisions of Section 501 (c)(19) of the Internal Revenue Code of 1954, as amended.

**ATTEST:**

Post Adjutant - signature

Post Commander - signature

To be completed by the Department. Approved with recommendation that charter be issued.

Date ( select date by clicking inside above box )

Department Commander or Adjutant - signature

Department of \_\_\_\_\_

**FOR NATIONAL HEADQUARTERS STAFF USE ONLY:**

Supplemental Charter Date

National Adjutant - signature

Revised: JUL / 2023