DIRECT CHANGE FORM

Please notify National Headquarters that Direct Billing Notices should not be printed or mailed to the following members of this Post. (this list **DOES NOT** include deceased, transfers, changes of address, delinquent members or those previously reported.)

Please make copies if more sheets are needed.

NAME **ADDRESS (to include CITY/STATE/ZIP)** **CARD #**

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Signed Post # _____

MAIL BY APRIL 1ST

THE AMERICAN LEGION - Department of New Hampshire
21 South Fruit St Suite 266 Concord NH 03301 603-856-8951 Fax 603-856-8943