

**THE AMERICAN LEGION  
DEPARTMENT OF NEW HAMPSHIRE  
21 South Fruit St Suite 266  
Concord NH 03301  
603-856-8951 Fax 603-856-8943**

**TO: Department Headquarters &  
National Headquarters**

Date:

FROM: Post Name \_\_\_\_\_  
Post No. \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip +4 \_\_\_\_\_

This form is to notify Department and National of any Members that were voted by your Post to a Life or Honorary Life Membership

Member Name \_\_\_\_\_

Member ID# \_\_\_\_\_

The above member was voted to be a \_\_\_\_\_ member of  
(Life or Honorary Life)

Post \_\_\_\_\_ at Post Meeting on  
(Name & Number)

\_\_\_\_\_  
(Day and Date)

Attest:

\_\_\_\_\_  
(Signed Post Adjutant)

\_\_\_\_\_  
(Signed Post Commander)

Accepting for Department:

\_\_\_\_\_  
(Signed Department Adjutant)