

American Legion Auxiliary, Department of Washington

Please check box if info same as previous years

Unit Officers List

UNIT _____ # _____ DISTRICT # _____

PRESIDENT

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

VICE PRESIDENT

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

SECRETARY

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

TREASURER

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

MEMBERSHIP

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

These officers to be installed _____ (date) and shall assume office upon close of Department Convention.

Our Unit meets on _____ at (time) _____ at (place) _____

Unit Dues Seniors _____ Unit Dues Juniors _____

**Complete and return to ALA, Department of Washington
PO Box 5867, Lacey, WA 98509-5867
DUE June 1st**