

**AMVETS Ladies Auxiliary Department of Florida  
Bylaws Cover Sheet**

Date: \_\_\_\_\_ Auxiliary #: \_\_\_\_\_

Person Submitting Bylaws: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Checklist (v):**

\_\_\_\_\_ **(3)** Copies of Bylaws (Signed and dated by the President and Parliamentarian)  
(If you do not have a Parliamentarian please specify)

\_\_\_\_\_ **(1)** Copy of Minutes which includes the approval of the bylaws  
**signed** by the Secretary and President

**Return Cover Sheet, bylaws and minutes to:**

**Charlene Kee, Parliamentarian  
AMVETS Ladies Auxiliary Department of FL  
90 Hidden Lake Drive #132  
Sanford, FL 32773**

If additional information is needed please contact me at: [CHRLNKEE@AOL.COM](mailto:CHRLNKEE@AOL.COM) or (407) 716-4244

<b>Department Parliamentarian Section</b>	
Bylaws Approved: YES or NO	If no, contact Person submitting bylaws (Date): _____
Comment(s): _____	
Date Mailed to Dept. President: _____	Date Received: _____