AMVETS Ladies Auxiliary Department of Florida
Bylaws Cover Sheet

Date: _____ Auxiliary #: _____

Person Submitting Bylaws: _____

Address: _____

City: _____ **FL** Zip Code: _____

Telephone #: _____

E-mail Address: _____

Checklist (√):

_____ **(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
P. O. Box 457
Eustis, FL 32727

If additional information is needed please contact me at: CHRLNKEE@AOL.COM or (352) 357-0866

Department Parliamentarian Section

Bylaws Approved: YES or NO If no, contact Person submitting bylaws (Date): _____

Comment(s): _____

Date Mailed to Dept. President: _____ Date Received: _____