

**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
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: _____