

**AMERICAN LEGION AUXILIARY
Department of Arizona**

SUBJECT: Names and addresses of elected 2025-2026 UNIT OFFICERS

NOTE: Since this mailing will be sent to the OUT-GOING OFFICERS, it is THEIR responsibility to send the requested information to the Headquarters Office. Even if you are REPEATING an office or if you have recently sent a list of officers, *it is necessary to complete and send in this form for the Department Directory.*

Please TYPE or PRINT

UNIT NAME AND NUMBER _____

Unit Mailing Address _____

Meeting day/s _____ **Time** _____ **Place** _____

PRESIDENT: _____ **ID#** _____
Phone/Cell _____ **Work Phone** _____ **Publish** **YES** **NO**
e-mail address _____ **Publish** **YES** **NO**

SECRETARY: _____ **ID#** _____
Phone/Cell _____ **Work Phone** _____ **Publish** **YES** **NO**
e-mail address _____ **Publish** **YES** **NO**

MEMBERSHIP CHAIRMAN: _____ **ID#** _____
Phone/Cell _____ **Work Phone** _____ **Publish** **YES** **NO**
e-mail address _____ **Publish** **YES** **NO**

MEMBERSHIP PROCESSING CHAIRMAN (if different than Membership Chairman):
MEMBERSHIP PROCESSOR: _____ **ID#** _____
Phone/Cell _____ **Work Phone** _____ **Publish** **YES** **NO**
e-mail address _____ **Publish** **YES** **NO**

Please complete and return this form. We must have this information to prepare the Department Directory and notify National. **Must be into Department no later than June 20, 2025.**

Mail or email to Department and District:

American Legion Auxiliary
Department of Arizona
4701 N. 19th Ave., Suite 100
Phoenix, AZ 85015-3727

You can email the information to secretary1@aladepaz.org instead of mailing the form.

If we cannot read the handwriting your Unit's information will NOT be in the directory.

**AMERICAN LEGION AUXILIARY
Department of Arizona**

SUBJECT: Names and addresses of elected 2025-2026 DISTRICT OFFICERS

NOTE: Since this mailing will be sent to the OUT-GOING OFFICERS, it is THEIR responsibility to send the requested information to the Headquarters Office. Even if you are REPEATING an office or if you have recently sent a list of officers, *it is necessary to complete and send in this form for the Department Directory.*

Please TYPE or PRINT

DISTRICT NUMBER _____

District Mailing Address _____

Meeting day/s _____ **Time** _____

PRESIDENT: _____ **ID#** _____

Phone/Cell _____ Work Phone _____ Publish **YES** **NO**

e-mail address _____ Publish **YES** **NO**

SECRETARY: _____ **ID#** _____

Phone/Cell _____ Work Phone _____ Publish **YES** **NO**

e-mail address _____ Publish **YES** **NO**

MEMBERSHIP CHAIRMAN: _____ **ID#** _____

Phone/Cell _____ Work Phone _____ Publish **YES** **NO**

e-mail address _____ Publish **YES** **NO**

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