

**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF ARIZONA CONVENTION \_\_\_\_\_  
RESOLUTION  
Must provide 3 copies**

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**SUBMITTED BY:** \_\_\_\_\_  
**SUBJECT:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

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Resolution No. \_\_\_\_\_  
*(Assigned by Resolutions Committee)*

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**Routing:** \_\_\_\_\_

**TWO SIGNATURES REQUIRED ON ALL RESOLUTIONS**

Submitted by: Name and Signature \_\_\_\_\_

Submitted by: Name and Signature \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Revised \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Revised \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Revised \_\_\_\_\_

Convention Action:    Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_