AMERICAN LEGION AUXILIARY Department of Arizona

SUBJECT: Names and addresses of elected 2021-20212 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 Please circle either OK to publish or Do not publish for the work phone number and email address. The Department will be complying a new ALA Contact list for information to be sent by email.

Please TYPE or PRINT.					
UNIT NAME AND NUMBER _					
Unit Mailing Address					
Meeting day/s	Time	P	lace		
PRESIDENT:			ID#		
Mailing Address					
City	Zip + 4	Pl	none ()	-
Work Phone () -	(OK to publish	- Do not publis	sh)		
e-mail address		(OK to pub	lish - D	o not publish)
SECRETARY:	_		ID#		
Mailing Address					
City Work Phone () -	Zip + 4	- P	hone ()	-
Work Phone () -	(OK to publish	- Do not publis	sh)		
e-mail address		•	(OK to pub	lish - D	o not publish)
MEMBERSHIP CHAIRMAN:			ID#		
Mailing Address					
City	Zip + 4	- P	hone ()	_
City Work Phone ()	(OK to publish	- Do not publis	sh.)		
e-mail address			(OK to pub	olish - I	On not publish)
MEMBERSHIP PROCESSING C	HAIRMAN (if diff	erent than Mem	bership C	hairma	n):
Name:					
Mailing Address					
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e-mail address				olish - I	Oo not publish)
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<u>Please complete and return this form as soon as possible</u>. We must have this information to prepare the Department Directory and notify National. **Must be into Department no later than June 15, 2021**

Mail to: Am

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