

AMERICAN LEGION AUXILIARY
Department of Arizona

SUBJECT: Names and addresses of elected 2024-2025 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 21, 2024.**

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@aladdeptaz.org instead of mailing the form.

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