ARIZONA MISSION TRAINING LOG

Name: _____ **Address:** _____

Member #: _____ **Unit:** _____

DATE OF TRAINING	COURSE	TRAINER	HOURS	ACCUMULATED HOURS	SIGNATURE OF TRAINER
EX: 01/01/2016	EX: Officers Duties	EX: Jane Doe	EX: 1	EX: 1	

When Complete send to: American Legion Auxiliary
Department of AZ
4701 N. 19th Ave, Ste 100, Phoenix, AZ 85015

Course = Training; Seminar; Workshop

Total Hours = EX: (a) = 1.5 + (b) = .5 Total Hours=2.0