

AMERICAN LEGION AUXILIARY  
Department of Arizona

**SUBJECT: Names and addresses of elected 2023-2024 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 14, 2023**

**Mail or email to Department and District:**

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

**You can email the information to [secretary1@aladepaz.org](mailto:secretary1@aladepaz.org) instead of completing 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 2023-2024 DISTRICT OFFICERS**

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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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