

**AMERICAN LEGION AUXILIARY – DEPARTMENT OF IOWA  
2018 - 2019 UNIT OFFICERS LIST**

Send this copy to AMERICAN LEGION AUXILIARY, 720 Lyon Street, Des Moines, IA 50309

Send a copy of this form to each of your County and District Presidents. Unit Senior Dues \$ \_\_\_\_\_

Keep a copy for your Unit records. Unit Junior Dues \$ \_\_\_\_\_

Please fill in all blanks. Send by June 15, 2018.

DISTRICT # \_\_\_\_\_

COUNTY \_\_\_\_\_

UNIT TOWN \_\_\_\_\_

UNIT # \_\_\_\_\_

PLEASE **TYPE** OR **PRINT** (in ink) AND FILL IN **ALL** INFORMATION.

FORMS **MUST** BE IN DEPARTMENT OFFICE BY **JUNE 15, 2018**. Notify Department Office of any changes after that date. Fill in all blanks.

PRESIDENT \_\_\_\_\_  
NAME PRINT MEMBERSHIP CARD NUMBER ON YOUR MEMBERSHIP CARD

\_\_\_\_\_ MAILING ADDRESS U.P.S. ADDRESS

\_\_\_\_\_ ( ) \_\_\_\_\_  
CITY/STATE/ZIP AREA CODE/TELEPHONE NUMBER FAX and/or E-MAIL

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NAME & E-MAIL ADDRESS MAILING ADDRESS CITY/STATE/ZIP AREA CODE/TELEPHONE NUMBER

VICE PRESIDENT: \_\_\_\_\_ ( ) \_\_\_\_\_

SECRETARY: \_\_\_\_\_ ( ) \_\_\_\_\_

TREASURER: \_\_\_\_\_ ( ) \_\_\_\_\_

CHAPLAIN: \_\_\_\_\_ ( ) \_\_\_\_\_

HISTORIAN: \_\_\_\_\_ ( ) \_\_\_\_\_

MEMBERSHIP \_\_\_\_\_ ( ) \_\_\_\_\_

JUNIOR \_\_\_\_\_ ( ) \_\_\_\_\_

GIRLS STATE \_\_\_\_\_ ( ) \_\_\_\_\_

EDUCATION \_\_\_\_\_ ( ) \_\_\_\_\_

What day of the month do you hold your meeting? \_\_\_\_\_ Time of meeting \_\_\_\_\_ Phone Number of Post Home \_\_\_\_\_

Location/address of meeting or Post Home \_\_\_\_\_

**NAME** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

**Name and E-mail address of a contact person in your Unit other than Unit President.**