



ALA Rock Stars Contact Form

Name of person completing form: _____ Dept: _____

Phone: _____ Email: _____

Do you know a member or unit doing extraordinary work for the American Legion Auxiliary?

Please provide the member's or Unit's contact information below and submit to the National Membership Committee at the address below.

Note: Those nominated may be interviewed to be included in national publications such as the eNews or eBulletin.

Member Being Nominated:

Name _____ Unit # _____

Phone: _____ Email: _____

Mailing Address: _____
City State Zip

Unit Being Nominated:

Unit Name: _____ Unit # _____

Contact Person: _____ Unit Position: _____

Phone: _____ Email: _____

Mailing Address: _____
City State Zip

Please explain why you believe the member or Unit is an ALA Rock Star *(use back or separate sheet if needed)*

Submit form to: National Membership Committee
membership@ALAforVeterans.org,
3450 Founders Road, Indianapolis, IN 46268-1334
Fax: 317.569.4502