

AMERICAN LEGION AUXILIARY

Department of Arizona

SUBJECT: Names and addresses of elected 2026-2027 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 Department Office. Even if you are REPEATING an office, *it is necessary to complete and send this form to the Department Office.*

PLEASE TYPE OR PRINT

UNIT NAME AND NUMBER _____

UNIT MAILING ADDRESS _____

MEETING DAY _____ **TIME** _____ **PLACE** _____

PRESIDENT: _____ ID# _____

Phone # _____ Publish Yes No

E-Mail _____ Publish Yes No

SECRETARY: _____ ID# _____

Phone # _____ Publish Yes No

E-Mail _____ Publish Yes No

MEMBERSHIP: _____ ID# _____

Phone # _____ Publish Yes No

E-Mail _____ Publish Yes No

TREASURER: _____ ID# _____

Phone# _____ Publish Yes No

E-Mail _____ Publish Yes No

CHAPLAIN: _____ ID# _____

Phone# _____ Publish Yes No

E-Mail _____ Publish Yes No

HISTORIAN: _____ ID# _____

Phone# _____ Publish Yes No

E-Mail _____ Publish Yes No

Please complete and return this form. We must have this information to prepare the Department Directory and to notify National. **Form must be into Department no later than June 19, 2026.**

Mail form to: American Legion Auxiliary, Dept. of AZ, 4701 N. 19th Ave., Ste 100, Phoenix, AZ 85015

You can email this form to secretary1@aladeptaz.org.