

Unit #: District # **2020-2021 UNIT OFFICERS**

Office use only/Rcvd

Complete information on this form (*type or print*) return to Department HQ.
Make a copy for your own records.

Due by July 1, 2020.

Send to: American Legion Auxiliary
Department of Oklahoma Headquarters
P.O. Box 14562
Oklahoma City, OK 73113

or email: auxdeptok@sbcglobal.net

Unit EIN # Yearly 990N Filed YES NO

Unit Name:

Address Meetings held:

City State ZIP

Monthly meeting(s): Day(s) of week (1st Mon, etc.) Time of day

UNIT MAIL GOES TO (Unit mailing address, President, Secretary, etc.):

Title: Name

Mailing Address:

City State ZIP

Amount of Unit 2021 Membership Dues: Senior \$ Junior \$

I hereby certify that each officer or chairman are American Legion Auxiliary members in good standing.

(Signed)
(Unit President or Secretary)

UNIT PRESIDENT

Name Member ID#

Mailing Address:

City State ZIP

Telephone #: Home: Cell: Work:

Email:

UNIT SECRETARY

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT MEMBERSHIP CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT REMIT DUES *(address membership dues are to be sent)*

Name Member ID#

Remit Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT TREASURER

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT FIRST VICE PRESIDENT

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT SECOND VICE PRESIDENT

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT CHAPLAIN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT HISTORIAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT SERGEANT-AT-ARMS

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT PARLIAMENTARIAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

IMPORTANT:

ON FOLLOWING UNIT CHAIRMEN LIST

FILL IN UNIT GIRLS STATE CHAIRMAN!

IF NONE, PUT UNIT PRESIDENT'S INFORMATION

AND ADDRESS YOU WANT GIRLS STATE INFORMATION SENT.

THIS WILL BE PROVIDED TO GIRLS STATE COMMITTEE ON OCTOBER 1, 2020

FOR THE 2021 GIRLS STATE PROGRAM

UNIT (AEF) AUXILIARY EMERGENCY FUND CHAIRMAN

Name Member ID#
Mailing Address:
City State ZIP_
Telephone #: Home: Cell: Work:
Email:

UNIT AMERICANISM CHAIRMAN

Name Member ID#
Mailing Address:
City State ZIP_
Telephone #: Home: Cell: Work:
Email:

UNIT CAVALCADE OF MEMORIES CHAIRMAN

Name Member ID#
Mailing Address:
City State ZIP_
Telephone #: Home: Cell: Work:
Email:

UNIT CHILDREN & YOUTH CHAIRMAN

Name Member ID#
Mailing Address:
City State ZIP_
Telephone #: Home: Cell: Work:
Email:

UNIT COMMUNITY SERVICE CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT CONSTITUTION & BYLAWS CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT EDUCATION CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT FINANCE CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT GIRLS STATE CHAIRMAN *(If none, Unit President's information will be provided to Girls State)*

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT JUNIOR ACTIVITIES CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT LEADERSHIP CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT (CWF) LIAISON CHILD WELFARE FOUNDATION CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

UNIT NATIONAL SECURITY CHAIRMAN

Name Member ID#
Mailing Address:
City State ZIP
Telephone #: Home: Cell: Work:
Email:

UNIT POPPY CHAIRMAN

Name Member ID#
Mailing Address:
City State ZIP
Telephone #: Home: Cell: Work:
Email:

UNIT PUBLIC RELATIONS CHAIRMAN

Name Member ID#
Mailing Address:
City State ZIP
Telephone #: Home: Cell: Work:
Email:

UNIT VA&R CHAIRMAN (*Veterans Affairs & Rehabilitation, Service to Veterans, & Gifts for Yanks*)

Name Member ID#
Mailing Address:
City State ZIP
Telephone #: Home: Cell: Work:
Email: