District #:

2022-2023 DISTRICT OFFICERS

Office use only/Rcvd

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

Due by July 1, 2022

Send to: American Legion Auxiliary

or email: auxdeptok@sbcglobal.net

Department of Oklahoma Headquarters

P.O. Box 14562

Oklahoma City, OK 73113

DISTRICT EIN #	Yearly 990N Filed	YES □	NO □
MAIL GOES TO:			
Title: Name			
Mailing Address:			
City	State	ZIP	
How many District meetings do you hold year	·ly?		
Amount of 2022 District Per Capita:	Senior \$	Junior \$	
I hereby certify that each officer or chairman	are American Legion Auxiliary 1	nembers in good	standing.
(Signed)			
(District Presiden	at or Secretary)		
PRESIDENT			
Name	Member ID	_#	
Mailing Address:			
City	State	ZIP	
Telephone #: Home:	Cell: Wor	rk:	
Email:			

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2022-2023 DISTRICT OFFICERS

Department Executive Committee 1	Member		
Name		Member ID#	
Mailing Address:			
City		State	ZIP
Telephone #: Home:	Cell:	Wor	k:
Email:			
FIRST VICE PRESIDENT			
Name		Member ID#	
Mailing Address:			
City		State	ZIP
Telephone #: Home:	Cell:	Worl	k:
Email:			
SECOND VICE PRESIDENT			
Name		Member ID#	
Mailing Address:			
City		State	ZIP
Telephone #: Home:	Cell:	Wor	k:
Email:			
SECRETARY			
Name		Member ID#	
Mailing Address:			
City		State	ZIP
Telephone #: Home:	Cell:	Wor	k:
Email:			

District #:	2022-2023 DISTRICT	OFFICERS	
TREASURER			
Name		Member ID#	
Mailing Address:			
City		State ZIP_	
Telephone #: Home:	Cell:	Work:	
Email:			
CHAPLAIN			
Name		Member ID#	
Mailing Address:			
City		State ZIP_	
Telephone #: Home:	Cell:	Work:	
Email:			
HISTORIAN			
Name		Member ID#	
Mailing Address:			
City		State ZIP_	
Telephone #: Home:	Cell:	Work:	
Email:			

SERGEANT-AT-ARMS

Name		Member ID#	
Mailing Address:			
City		State	<u> </u>
Telephone #: Home:	Cell:	Work:	
Email:			

District #:	2022-2023 DISTRICT	OFFICERS
PARLIAMENTARIAN		
Name		Member ID#
Mailing Address:		
City		State ZIP_
Telephone #: Home:	Cell:	Work:
Email:		
ALTERNATE DEC (District Pre	sident)	
	sident)	Member ID#
Name	sident)	Member ID#
Name Mailing Address:	sident)	Member ID# State ZIP
Name Mailing Address:	Cell:	

Member ID#

Work:

ZIP

State

Name

Email:

Mailing Address:

Telephone #: Home:

City

Cell:

District # 2022-2023 DISTRICT CHAIRMEN (AEF) AUXILIARY EMERGENCY FUND CHAIRMAN Member ID# Name Mailing Address: ZIP City State Telephone #: Home: Work: Cell: Email: AMERICANISM CHAIRMAN Name Member ID# Mailing Address: ZIP City State Telephone #: Home: Cell: Work: Email: **CAVALCADE OF MEMORIES CHAIRMAN** Name Member ID# Mailing Address: City ZIP State Telephone #: Home: Cell: Work: Email: **CHILDREN & YOUTH CHAIRMAN** Name Member ID# Mailing Address:

Cell:

City

Telephone #: Home:

Email:

ZIP

State

Work:

Distri	-4	#
1718111	CI.	#

2022-2023 DISTRICT CHAIRMEN

COMMUNITY SERVICE CHAIRMAN

COMMONTT SERVICE CHAIRMAN			
Name		Member ID#	
Mailing Address:			
City		State	
Telephone #: Home:	Cell:	Work:	
Email:			
CONSTITUTION & BYLAWS CHAIRMA	AN		
Name		Member ID#	
Mailing Address:			
City		State	
Telephone #: Home:	Cell:	Work:	
Email:			
EDUCATION CHAIRMAN			
Name		Member ID#	
Mailing Address:			
City		State	
Telephone #: Home:	Cell:	Work:	
Email:			
FINANCE CHAIRMAN			
Name		Member ID#	
Mailing Address:			
City		State	
Telephone #: Home:	Cell:	Work:	
Email:			

District	#
DISTITUTE	#

2022-2023 DISTRICT CHAIRMEN GIRLS STATE CHAIRMAN Member ID# Name Mailing Address: ZIP City State Telephone #: Home: Work: Cell: Email: JUNIOR ACTIVITIES CHAIRMAN Name Member ID# Mailing Address: ZIP City State Telephone #: Home: Cell: Work: Email: **LEADERSHIP CHAIRMAN** Name Member ID# Mailing Address: City ZIP State Telephone #: Home: Cell: Work: Email: (CWF) LIAISON CHILD WELFARE FOUNDATION CHAIRMAN Name Member ID# Mailing Address:

Cell:

City

Telephone #: Home:

Email:

ZIP

State

Work:

Distri	-4	#
1718111	CI.	#

2022-2023DISTRICT CHAIRMEN

NATIONAL SECURITY CHAIRMAN

Name	Member ID#
Mailing Address:	
City	State ZIP_
	Work:
	WOIK.
Email:	
POPPY CHAIRMAN	
Name	Member ID#
Mailing Address:	
City	State ZIP_
Telephone #: Home: Cell:	Work:
Email:	
PUBLIC RELATIONS CHAIRMAN	
Name	Member ID#
Mailing Address:	
City	State ZIP_
Telephone #: Home: Cell:	Work:
Email:	
VA&R CHAIRMAN (Veterans Affairs & Rehabilitation	n, Service to Veterans, & Gifts for Yanks)
Name	Member ID#
Mailing Address:	
City	State ZIP_
Telephone #: Home: Cell:	Work:
Email	