

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
Department of Oklahoma Headquarters
P.O. Box 14562
Oklahoma City, OK 73113

or email: auxdeptok@sbcglobal.net

DISTRICT EIN # **Yearly 990N Filed** YES NO

MAIL GOES TO:

Title: Name

Mailing Address:

City State ZIP

How many District meetings do you hold yearly?

Amount of 2022 District Per Capita: Senior \$ Junior \$

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

(Signed)

(District President or Secretary)

PRESIDENT

Name Member ID#

Mailing Address:

City State ZIP

Telephone #: Home: Cell: Work:

Email:

District #:

2022-2023 DISTRICT OFFICERS

Department Executive Committee Member

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

FIRST VICE PRESIDENT

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

SECOND VICE PRESIDENT

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

SECRETARY

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

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 ZIP_

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 President)

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

ALTERNATE DEC (District DEC)

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

District #

2022-2023 DISTRICT CHAIRMEN

(AEF) AUXILIARY EMERGENCY FUND CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

AMERICANISM CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

CAVALCADE OF MEMORIES CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

CHILDREN & YOUTH CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

District #

2022-2023 DISTRICT CHAIRMEN

COMMUNITY SERVICE CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

CONSTITUTION & BYLAWS CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

EDUCATION CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

FINANCE CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

District #

2022-2023 DISTRICT CHAIRMEN

GIRLS STATE CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

JUNIOR ACTIVITIES CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

LEADERSHIP CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

(CWF) LIAISON CHILD WELFARE FOUNDATION CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

District #

2022-2023 DISTRICT CHAIRMEN

NATIONAL SECURITY CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP

Telephone #: Home: Cell: Work:

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, Service to Veterans, & Gifts for Yanks*)

Name Member ID#

Mailing Address:

City State ZIP

Telephone #: Home: Cell: Work:

Email: