

Unit #: District # **2022-2023 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, 2022

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 2022 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)

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:

MEMBERSHIP CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

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

Name Member ID#

Remit Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

TREASURER

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:

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:

Unit #: District # 2022-2023 UNIT OFFICERS

SERGEANT-AT-ARMS

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

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,

2022 FOR THE 2023 GIRLS STATE PROGRAM

(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:

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:

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:

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:

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: