

District #:

Office use only/Rcv'd

2019-2020 DISTRICT OFFICERS/CHAIRMAN

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

Due by July 1, 2019.

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

or email: auxdeptok@gmail.com

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

District Name:

District Mailing Address:

City State ZIP

How many District meetings held:

ALA MIS Access: District allowed up to 2 users \$10 each, total \$20. 2020 access fee **due December 1, 2019**

User #1 Name Member ID#

User #2 Name Member ID#

Amount of 2020 District Dues: Senior \$ Junior \$

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

I hereby certify that each of the officers or chairmen are current members in good standing in the American Legion Auxiliary.

(Signed)
(District Secretary or President)

District #:

DISTRICT PRESIDENT

Share Contact Information: YES NO

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

DISTRICT VICE PRESIDENT (1st)

Name Member ID#

DISTRICT SECRETARY

Share Contact Information: YES NO

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

DISTRICT DEC

Share Contact Information: YES NO

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

District #

DISTRICT TREASURER

Name Member ID#

Mailing Address:

City State ZIP

Telephone #: Home: Cell: Work:

Email:

DISTRICT CHAPLAIN

Name Member ID#

DISTRICT HISTORIAN

Name Member ID#

DISTRICT SERGEANT-AT-ARMS

Name Member ID#

DISTRICT PARLIAMENTARIAN

Name Member ID#

District #

DISTRICT CONSTITUTION & BYLAWS CHAIRMAN

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

ALTERNATE DEC (District President) Share Contact Information: YES NO

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:

ALTERNATE DEC (District DEC) Share Contact Information: YES NO

Name Member ID#

Mailing Address:

City State ZIP_

Telephone #: Home: Cell: Work:

Email:
