Unit #: _____ **District #** _____ **UNIT OFFICERS (** _____ **Insert Year)**

Office use only/Rcvd

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

Due as soon as new officers are elected or replaced.

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: _____

Unit #: _____ **District #** _____ **(** _____ **Insert Year) UNIT OFFICERS**

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:

Unit #: **District #** **(Insert Year) UNIT OFFICERS**

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 #** **(Insert Year) 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

Unit #: District # (Insert Year) UNIT OFFICERS

(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: _____

Unit #: _____ **District #** _____ **(_____Insert Year) UNIT OFFICERS** _____

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:

Unit #: **District #** **(Insert Year) UNIT OFFICERS**

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:

Unit #: **District #** **(Insert Year)** **UNIT OFFICERS**

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: