

AMERICAN LEGION AUXILIARY - DEPARTMENT OF WASHINGTON  
UNIT OFFICERS LIST **DUE JUNE 1<sup>st</sup>**  
COMPLETE AND RETURN TO DEPARTMENT SECRETARY PO BOX 5867, LACEY, WA 98509

UNIT \_\_\_\_\_ UNIT # \_\_\_\_\_ DISTRICT # \_\_\_\_\_

**PRESIDENT**

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ E-MAIL (IF APPLICABLE) \_\_\_\_\_

**VICE PRESIDENT**

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ E-MAIL (IF APPLICABLE) \_\_\_\_\_

**SECRETARY**

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ E-MAIL (IF APPLICABLE) \_\_\_\_\_

**TREASURER**

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ E-MAIL (IF APPLICABLE) \_\_\_\_\_

**MEMBERSHIP**

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ E-MAIL (IF APPLICABLE) \_\_\_\_\_

These officers to be installed \_\_\_\_\_ (date) and shall assume office upon close of Department Convention.

Meet on \_\_\_\_\_ at (time) \_\_\_\_\_

Place \_\_\_\_\_ Unit Dues Seniors \_\_\_\_\_ Unit Dues Juniors \_\_\_\_\_

**Please check box if info same as previous years Roster.**