

AMERICAN LEGION AUXILIARY  
Department of New Hampshire

was installed on \_\_\_\_\_, 2018.

Unit # \_\_\_\_\_ of \_\_\_\_\_

**All Officers must show a current membership card before being installed.**

Officers installed were: **Please type or print the information clearly with the full mailing address. PLEASE DO NOT USE NICKNAMES**

OFFICE	NAME & ID#	ADDRESS/CITY/ZIP	TELEPHONE/EMAIL
President	NAME ID#		
1st Vice President	NAME ID#		
2nd Vice President	NAME ID#		
Secretary	NAME ID#		
Treasurer	NAME ID#		
Historian	NAME ID#		
Chaplain	NAME ID#		
Sgt.-At-Arms	NAME ID#		
Membership	NAME ID#		
Chairman	NAME ID#		

Please list date of installation if done other than by District Director: \_\_\_\_\_

\_\_\_\_\_  
District Director Signature

**Important: Forms must be turned into Department Headquarters, no later than June 1, 2018.**