

AMERICAN LEGION AUXILIARY

Department of New Hampshire

Unit # _____ of _____

was installed on _____, 2024

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 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, 2024.