

AMERICAN LEGION AUXILIARY

2021 - 2022

UNIT NAME _____ NO _____ LOCATION _____ ZIP _____

PLEASE DO NOT USE NICKNAMES.

OFFICERS	NAME	FULL ADDRESS	PHONE/EMAIL
President			
1 st Vice President			
2 nd Vice President			
Secretary			
Treasurer			
Historian			
Chaplain			
Sgt-At-Arms			
CHAIRMEN:	NAME	FULL ADDRESS	PHONE/EMAIL
Americanism			
Aux Emergency Fund			
Children & Youth			
Community Service			
Constitution & Bylaws			
Education			
Foreign Relations			
Girls State			
Junior Activities			
Leadership			
Legislative			
Membership			
Music			

CHAIRMEN:	NAME	FULL ADDRESS	PHONE/EMAIL
National Security			
Past Presidents Parley			
Poppy			
Public Relations			
Veterans Affairs & Rehabilitation			
VA & R 2 nd Member			
VA & R 3 rd Member			

Our meetings are held on the 1st, 2nd, 3rd, 4th _____ (Monday, Tuesday, etc.) of the month.

Signed by: _____
President or Secretary

Please fill out and **return as soon as possible** to Department Headquarters: American Legion Auxiliary, 21 So. Fruit Street –Suite 266, Concord NH 03301.