

AMERICAN LEGION AUXILIARY  
 Department of New Hampshire

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

was installed on \_\_\_\_\_, 2022

**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#		
<u>Sgt-At-Arms</u>	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, 2022.**