



Department of Arkansas

Unit Election Information				
Unit Name:	Unit #:	District #:	Date Election Held:	Location:

The following Officers were elected In Accordance with provisions of the Department and Unit Bylaws.

The following information will be used to compile Department Mailing Lists. Please type or print.

Unit President				
Name:		Membership #:	Home Phone:	Work Phone:
Address:	City:		Zip Code:	Email:

Unit Secretary				
Name:		Membership #:	Home Phone:	Work Phone:
Address:	City:		Zip Code:	Email:

Unit Treasurer				
Name:		Membership #:	Home Phone:	Work Phone:
Address:	City:		Zip Code:	Email:

Election Certification	
Presiding at Election/ President Signature:	Presiding at Election/ Secretary Signature:

Unit Installation Information		
Date:	Installing Officer Name:	Location of Installation:

Unit Meeting Information	
Location of Unit Meeting:	Day and Time Unit Meets:

Receipt of Unit Mail Designation				
Name:	Address:	City:	Zip Code:	Phone:

Send one copy to the District President and one copy to the Department Office immediately following election.

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