

American Legion Auxiliary Department of Arkansas
Phone: 501-374-5836 * Fax: 501-372-0855 * e-mail: arkaux@att.net
1415 West 7th Street
Little Rock, AR 72201

Unit Charter Name _____ Unit City _____ Unit # _____

Your Unit Dues for 1 SR Member? \$ _____ 1 JR Member? \$ _____

Certify New Unit Officers Form (20 _____ - 20 _____)

Unit Office [Use 1st Line for Name and Phone Number]
(Use Same Format for All Offices)

[Use 2nd Line for Complete Mailing Address
and email address] Use the same format for
all addresses

President: _____
Name (Area Code) phone number

_____ Mail Delivery Address City State Zip Code

1st Vice Pres: _____

2nd Vice Pres: _____

Secretary: _____

Treasurer: _____

Chaplain: _____

Historian: _____

Parliamentarian: _____

Sergeant-at-Arms: _____

PLEASE, complete this form and return it to Department Headquarters ASAP!

Note: Department BYLAWS Article V, Unit Organization

Section 6. Officers of the Unit shall be elected annually by the time of the last regular meeting of the fiscal year and shall take office not later than the same time as the Department Officers.

Section 6-A. It shall be the duty of the Unit Secretary to Certify to Department Headquarters, on forms provided for that purpose, the Names, Addresses and Phone Numbers of the newly elected officers immediately following their election.

Signed: _____ Date completed: _____
Unit President or Secretary

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Appointed Unit Committee Chairmen List Form (20 - 20)

Committee [Use 1st Line for Name and Phone Number]
(Use Same Format for each Committee)

[Use 2nd Line for Complete Mailing Address
and email address] (Use Same Format for each
Committee)

Americanism: _____
Name (Area Code) phone number

Mail Delivery Address City State Zip Code

Aux. Emergency Fund: _____

Children & Youth: _____

Community Service: _____

Constitution & Bylaws: _____

Education: _____

Finance: _____

Girls State: _____

Junior Activities: _____

Leadership: _____

Legislative: _____

Membership: _____

National Security: _____

Past Presidents Parley: _____

Poppy: _____

Public Relations: _____

Unit Revitalization: _____

Veterans Affairs & Rehab: _____

Field Service: _____

Note: Immediately following Committee Appointments please complete this form and mail it to Department Headquarters.

Signed: _____ Date completed: _____
Unit President or Secretary