



American Legion Auxiliary Department of Arkansas

1415 West 7th Street, Little Rock, AR 72201

Phone: 501-374-5836 * Fax: 501-372-0855 * e-mail: ALA.ArkansasSecretary@yahoo.com



Unit Charter Name _____ Unit City _____ Unit # _____

What are the Unit Dues for 1 SR Member? \$ _____ 1 JR Member? \$ _____

Certify New Unit Officers Form (2017-2018)

Unit Office [Use 1st Line for Name and Phone Number] [Use 2nd Line for Complete Mailing Address]
(Use Same Format for All Offices) (Use Same Format for All Offices)

President: _____
Name (Area Code) phone number

Mail Delivery Address City State Zip Code

NEED: Email Address of President or for Someone in the Unit

1st Vice Pres: Name: _____ Phone: _____
Address: _____ Email: _____

2nd Vice Pres: Name: _____ Phone: _____
Address: _____ Email: _____

Secretary: Name: _____ Phone: _____
Address: _____ Email: _____

Treasurer: Name: _____ Phone: _____
Address: _____ Email: _____

Chaplain: : Name: _____ Phone: _____
Address: _____ Email: _____

Historian: Name: _____ Phone: _____
Address: _____ Email: _____

Parliamentarian: Name: _____ Phone: _____
Address: _____ Email: _____

Sergeant-at-Arms: : Name: _____ Phone: _____
Address: _____ Email: _____

PLEASE, complete this form and return it to Department Headquarters before May 15, 2017.
(Please, complete this form at time of Charter of a New Unit or Revitalization of a Unit and annually, see below)

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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Unit Charter Name _____ Unit City _____ Unit # _____

Appointed Unit Committee Chairmen List Form (_____)

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

[Use 2nd Line for Complete Mailing 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: _____

Pappy: _____

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