

American Legion Auxiliary Department of Arkansas  
1415 West 7<sup>th</sup> Street, Little Rock, AR 72201  
Phone: 501-374-5836 Fax: 501-372-0855 Email: [arkaux@att.net](mailto:arkaux@att.net)

Unit Charter Name \_\_\_\_\_ Unit City \_\_\_\_\_ Unit # \_\_\_\_\_  
Senior Dues \_\_\_\_\_ Junior Dues \_\_\_\_\_

## Unit Officer Certification Form 2019 – 2020

President Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

1<sup>st</sup> Vice President Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

2<sup>nd</sup> Vice President Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Secretary Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Treasurer Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Who are dues sent to: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Chaplain Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Historian Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Parliamentarian Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Sergeant-at-Arms Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

**\*\*Send completed form to Department Headquarters before July 5, 2019\*\***

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. It shall be the duty of the unit secretary to certify to Department Headquarters, on forms provided for that purpose, the names, address and phone numbers of the newly elected officers immediately following their election and not later than 10 days after Department Convention.

Signed: \_\_\_\_\_

Unit President or Secretary

Date: \_\_\_\_\_

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Unit Charter Name \_\_\_\_\_ Unit City \_\_\_\_\_ Unit # \_\_\_\_\_  
Appointed Unit Committee Chairman List 2019 – 2020

Americanism: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Aux Emergency Fund: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Children & Youth: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Constitution & Bylaws: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Education: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Finance: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Girls State: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Jr. Activities: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Leadership: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Legislative: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Membership: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

National Security: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Past President's Parley: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Poppy: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Public Relations: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Veterans Affairs & Rehabilitation: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

Service for Veterans: Name, phone # and email \_\_\_\_\_

Address \_\_\_\_\_

**\*\*Immediately following Committee Appointments, please complete this form and mail/email to Department Headquarters\*\***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Unit President or Secretary