



**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 • 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 (2018-2019)**

Unit Office \_\_\_\_\_ [Use 1<sup>st</sup> Line for Name and Phone Number] [Use 2<sup>nd</sup> 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**

1<sup>st</sup> Vice Pres: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> 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, 2018 \_\_\_\_\_.**  
 (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 1<sup>st</sup> Line for Name and Phone Number]  
(Use Same Format for each Committee)

[Use 2<sup>nd</sup> 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: \_\_\_\_\_

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