

AMERICAN LEGION AUXILIARY  
DEPARTMENT OF FLORIDA

**UNIT OFFICE INFORMATION CHANGE FORM**

USE TO REPORT A CHANGE IN OFFICER OR AN ADDRESS CHANGE FOR AN  
OFFICER (ADDRESS CHANGE MUST BE ALSO REPORTED ON A DATA FORM)

UNIT # \_\_\_\_\_

OFFICER'S NAME: \_\_\_\_\_ NEW? YES OR NO

TITLE: \_\_\_\_\_ ID # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP CODE)

PHONE #: \_\_\_\_\_

Units can have only one election a year. All vacancies must be filled according to the Unit's  
Constitution & Bylaws.