American Legion Auxiliary

Emblem Usage Request

Request Date: _____

Requesting Member Name & Unit: _____/_____

State Department / Secretary Name: _____/_____

Manufacturer / Vendor Name: _____

Vendor Address: _____

_____

City / ST / Zip: _____/_____/_____

Vendor Contact email: _____

Name of product(s) emblem to be used on: _____

Intended use: _____

Exact quantity of item(s) to be ordered*: _____

** Ordering additional quantities requires a new authorization.*

Attach sample or vendor proof of Emblem use.

Attach Proof / Sample here

For Office Use Only

☐ Recommend Approval
☐ Recommend Denial

☐ Approved
☐ Denied

Approval (if granted), is a one-time, limited use permission granted to approved manufacture only. Additional quantities /items require a new authorization.

_____ _____

Department Secretary Date

National Secretary Date

Cc: Requestor
Department Secretary
National Secretary File