

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}

Email Address: _____

PHONE#: _____

NAME OF THE OFFICER THAT IS REPLACED/REMOVED FROM OFFICERS' LIST:

(NAME)

(MEMBER ID #)

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