

AMERICAN LEGION AUXILIARY
DEPARTMENT OF FLORIDA, INC
1912 A LEE RD
ORLANDO, FLORIDA 32810

**For the day/time of meetings:
Please write exactly which day of
the week they are held each month
Ex: 1st Thursday, at 5 pm.**

2024-2025

UNIT OFFICERS' LIST

This form must be returned within 10 days of Unit elections or no later than May 31, 2024. No membership packets will be provided until this form is received at Department Headquarters! No other format will be accepted. **All 2024 dues must be paid at the time of elections!** All information is required on this form.

Unit Name: _____ Unit # _____ District # _____

Unit's Mailing Address: _____
(Street address or PO Box)

_____ (City) _____ (Zip)

Unit Email Address: _____

Date of Election _____ Day/Time Meeting are Held _____

Unit EIN# _____ Corporation # _____

Must check each box to confirm that the Unit has verified each Officer's current yr dues are paid.

President: _____

Member # 302710761

Daytime Phone: 407-556-7371

Email: amysmith.unit10@gmail.com

Vice President: _____

Member # _____

Daytime Phone: _____

Email: _____

2nd Vice President: _____

Member # _____

Daytime Phone: _____

Email: _____

3rd Vice President: _____

Member # _____

Daytime Phone: _____

Email: _____

Secretary: _____

Member # _____

Daytime Phone: _____

Email: _____

Treasurer: _____

Member # _____

Daytime Phone: _____

Email: _____

Chaplain: _____

Historian: Patricia Lajoie

Member # _____

Member # _____

Daytime Phone: _____

Daytime Phone: _____

Email: _____

Email: _____

Sgt-at-Arms: _____

Membership: Julie Willis (2nd Vice)

Member # _____

Member # _____

Daytime Phone: _____

Daytime Phone: _____

Email: _____

Email: _____

Member at Large: _____

Member at Large _____

Member # _____

Member # _____

Daytime Phone: _____

Daytime Phone: _____

Email: _____

Email: _____

Member at Large: _____

Member at Large: _____

Member # _____

Member # _____

Daytime Phone: _____

Daytime Phone: _____

Email: _____

Email: _____

Member at Large: _____

Member at Large: _____

Member # _____

Member # _____

Daytime Phone: _____

Daytime Phone: _____

Email: _____

Email: _____

Completed By: _____

Date: _____

Return Form to Department:

Email: membership@alafli.org