

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: 1<sup>st</sup> 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:** \_\_\_\_\_  **Vice President:** \_\_\_\_\_

Member # \_\_\_\_\_ Member # \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**2<sup>nd</sup> Vice President:** \_\_\_\_\_  **3<sup>rd</sup> Vice President:** \_\_\_\_\_

Member # \_\_\_\_\_ Member # \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Secretary:** \_\_\_\_\_  **Treasurer:** \_\_\_\_\_

Member # \_\_\_\_\_ Member # \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Chaplain:** \_\_\_\_\_

**Historian:** \_\_\_\_\_

Member # \_\_\_\_\_

Member # \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Sgt-at-Arms:** \_\_\_\_\_

**Membership:** \_\_\_\_\_

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](mailto:membership@alafli.org)**