

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.

MAY 14 2024

2024-2025

UNIT OFFICERS' LIST

10

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: American Legion Auxiliary-Tarpon Springs Unit # 46 District # 16

Unit's Mailing Address: PO Box 186
(Street address or PO Box)

Tarpon Springs 34689
(City) (Zip)

Unit Email Address: post46.auxiliary@gmail.com

Date of Election 5/8/24 Day/Time Meeting are Held 2nd Wed @ 6pm

Unit EIN# 92-3991404 Corporation # N23000002806

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

President: Patricia Banach
Member # 302806948
Daytime Phone: 703-774-4561
Email: pbfloss@aol.com

Vice President: Christine Massey
Member # 301136757
Daytime Phone: 727-484-5238
Email: cgirard1966@gmail.com

2nd Vice President: _____
Member # _____
Daytime Phone: _____
Email: _____

3rd Vice President: _____
Member # _____
Daytime Phone: _____
Email: _____

Secretary: tbd
Member # _____
Daytime Phone: _____
Email: _____

Treasurer: Amy Nestler
Member # 302806950
Daytime Phone: 727-967-1811
Email: alnestler@yahoo.com

Chaplain: _____

Member # _____

Daytime Phone: _____

Email: _____

Historian: _____

Member # _____

Daytime Phone: _____

Email: _____

Sgt-at-Arms: _____

Member # _____

Daytime Phone: _____

Email: _____

Membership: Christine Massey

Member # 301136757

Daytime Phone: 727-484-5238

Email: cgirard1966@gmail.com

Member at Large: _____

Member # _____

Daytime Phone: _____

Email: _____

Member at Large _____

Member # _____

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Member at Large: _____

Member # _____

Daytime Phone: _____

Email: _____

Member at Large: _____

Member # _____

Daytime Phone: _____

Email: _____

Completed By: _____

Date: _____

Return Form to Department:

Email: membership@alaf.org