

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: _____ **Vice President:** _____

Member # _____ Member # _____

Daytime Phone: _____ Daytime Phone: _____

Email: _____ Email: _____

2nd Vice President: _____ **3rd 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: _____

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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



UNIT OFFICER INFORMATION CHANGE FORM

This form is used to report an Officer change in a Unit.

NOTE: Units can only have 1 election a year. All vacancies MUST BE filled according to the Unit's Constitution and ByLaws.

Unit # 77

District #: 4

Officer Being Replaced/Removed

Position: Secretary

Name: Karen Simpson ID #: 302633320

Email Address: ksimpson6707@yahoo.com Phone #: (315) 345-7814

New Officer

Position: Secretary

Name: Janet Woods ID #: 301624899

Email Address: janet.woods4321@gmail.com Phone #: 727-710-0943

Janet Woods

Form Completed By

112624

Date



UNIT OFFICER INFORMATION CHANGE FORM

This form is used to report an Officer change in a Unit.

NOTE: Units can only have 1 election a year. All vacancies MUST BE filled according to the Unit's Constitution and ByLaws.

Unit # 77

District #: 4

Officer Being Replaced/Removed

Position: Sargent at Arms

Name: Michelle Jones

ID #: 302632904

Email Address: justme0059@yahoo.com

Phone #: (631) 740-1111

New Officer

Position: Sargent at Arms

Name: Eleanor Sears

ID #: 302608783

Email Address: eleanorsears92@gmail.com

Phone #: (518) 578-0136

Janet Woods

112624

Form Completed By

Date