

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

JUL 1 1 2024

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: Carter Mather ALA Unit # 201 District # 7

Unit's Mailing Address: 901 Avenue S Northeast  
(Street address or PO Box) Winter Haven 3388  
(City) (Zip)

Unit Email Address: N/A

Date of Election April 21, 2024 Day/Time Meeting are Held Virtual- 3rd Thursday/7:00 p.m.

Unit EIN# \_\_\_\_\_ Corporation # \_\_\_\_\_

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

**President:** Mary McElrath  
Member # 301574810  
Daytime Phone: 863-860-4918  
Email: marymcelrath@aol.com

**Vice President:** Bobbie McKennon  
Member # 131031529  
Daytime Phone: 863-604-9616  
Email: bmckennon48@yahoo.com

**2<sup>nd</sup> Vice President:** \_\_\_\_\_  
Member # \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**3<sup>rd</sup> Vice President:** \_\_\_\_\_  
Member # \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Secretary:** \_\_\_\_\_  
Member # \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Treasurer:** Laverne Jones  
Member # 134010223  
Daytime Phone: 863-873-1966  
Email: N/A

Chaplain: Myrtle Williams

Member # 131031487

Daytime Phone: 863-293-3548

Email: N/A

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

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

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

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

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

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

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

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

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

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

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

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

Member at Large: \_\_\_\_\_

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

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

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

Member at Large \_\_\_\_\_

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

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

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

Member at Large: \_\_\_\_\_

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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@alaf1.org](mailto:membership@alaf1.org)