

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

JUN 1 1 2024

UNIT OFFICERS' LIST

✓
②

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: Donald E Parker ALA Unit # 209 District # 9

Unit's Mailing Address: 801 NW 1 ST
(Street address or PO Box)
Dania Bch. 33004
(City) (Zip)

Unit Email Address: Donald eparkerpost209@gmail.com

Date of Election 5/19/24 Day/Time Meeting are Held 1st Monday 6pm

Unit EIN# 81-4506846 Corporation # N 1600001196

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

President: Earline Williams Vice President: Jasmine Anderson
Member # 134544601 Member # 301997141
Daytime Phone: 9546680059 Daytime Phone: 9545059649
Email: Ehopkinsdania@ICLOUD.com Email: Jasanderson08@gmail.com

2nd Vice President: Amarilla Cure 3rd Vice President: _____
Member # 301717209 Member # _____
Daytime Phone: 9545582775 Daytime Phone: _____
Email: IvieCure44@gmail.com Email: _____

Secretary: Michelle B Wilcox Treasurer: Dale Major
Member # 130818959 Member # 302888641
Daytime Phone: 9542923913 Daytime Phone: 7542446214
Email: Chellewilcox@gmail.com Email: dalemajor2323@gmail.com

Chaplain: Sulie Spencer
Member # 120942934
Daytime Phone: 954 294 8466
Email: lisa.kdost@aol.com

Historian: Michelle Wilcox
Member # 130818959
Daytime Phone: 954 292 3913
Email: Michelle.wilcox@aol.com

Sgt-at-Arms: Marilyn Black
Member # 301562066
Daytime Phone: 954 670-6682
Email: NA

Membership: Amarilla Cure
Member # 301717209
Daytime Phone: 954 558 2775
Email: IvieCure44@gmail.com

Member at Large: _____
Member # _____
Daytime Phone: _____
Email: _____

Member at Large _____
Member # _____
Daytime Phone: _____
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Member at Large: _____
Member # _____
Daytime Phone: _____
Email: _____

Completed By: Amarilla Cure Date: 5/23/24

Return Form to Department: Email: membership@alaf1.org