

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.

2025-2026

UNIT OFFICERS' LIST

This form must be returned within 10 days of Unit elections or no later than May 29, 2025. No membership packets will be provided until this form is received at Department Headquarters! No other format will be accepted. **All 2025 dues must be paid at the time of elections!** All information is required on this form.

Unit Name: 220 Robert Bell Unit # 220 District # 9
Unit's Mailing Address: 1455 W. Sistrunk Blvd.
(Street address or PO Box) FL Land. IA 33311
(City) (Zip)

Unit Email Address: _____

Date of Election 6.10.25 Day/Time Meeting are Held 12.00P
Unit EIN# _____ Corporation # _____

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

<input type="checkbox"/> President: <u>Barbara Stubbs</u>	<input type="checkbox"/> Vice President: <u>Jerleand Robert</u>
Member # _____	Member # _____
Daytime Phone: _____	Daytime Phone: <u>954-739-1121</u>
Email: _____	Email: _____
<input type="checkbox"/> 2nd Vice President: _____	<input type="checkbox"/> 3rd Vice President: _____
Member # _____	Member # _____
Daytime Phone: _____	Daytime Phone: _____
Email: _____	Email: _____
<input type="checkbox"/> Secretary: <u>Barbara Stubbs</u>	<input type="checkbox"/> Treasurer: <u>Angela Hodge</u>
Member # _____	Member # _____
Daytime Phone: <u>954-397-3520</u>	Daytime Phone: <u>954-608-2195</u>
Email: _____	Email: _____

☐ Chaplain: _____

Member # _____

Daytime Phone: _____

Email: _____

☐ 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: _____

Member # _____

Daytime Phone: _____

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☐ Member at Large: _____

Member # _____

Daytime Phone: _____

Email: _____

☐ 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