

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.

Reval at conv -
verified &
entered

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: Thomas P Johnston Unit # 222 District # 9

Unit's Mailing Address: 4250 NE 5th Ave
(Street address or PO Box) Oakland Park 33344
(City) (Zip)

Unit Email Address: _____

Date of Election 5/13 Day/Time Meeting are Held 7:30

Unit EIN# _____ Corporation # _____

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

☒ President: Betham Alwine

Member # 302976282

Daytime Phone: 954 459 0331

Email: balwine@hotmail.com

☒ Vice President: Pamela Grace

Member # 300017193

Daytime Phone: 954 254 8724

Email: 954pamelagrace@gmail.com

☐ 2nd Vice President: _____

Member # _____

Daytime Phone: _____

Email: _____

☐ 3rd Vice President: _____

Member # _____

Daytime Phone: _____

Email: _____

☒ Secretary: Pam Grace

Member # 300017193

Daytime Phone: 954 254 8724

Email: 954pamelagrace@gmail.com

☒ Treasurer: Monica Liagre

Member # 303009147

Daytime Phone: _____

Email: mistee.wave@yahoo.com

☐ **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:** _____

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Daytime Phone: _____

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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@alaf1.org