

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: Riviera Beach Memorial Unit # 268 District # 11

Unit's Mailing Address: P.O. BOX 32282 WEST PALM BEACH, FL. 33420
(Street address or PO Box)

(City)

(Zip)

Unit Email Address: Lingchristensen@gmail.com

Date of Election 6/13/25 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: RITA Fredericks

Member # _____

Daytime Phone: _____

Email: _____

☐ Vice President: Michon "Ling" Christensen

Member # 301687372

Daytime Phone: _____

Email: Lingchristensen@gmail.com

☐ 2nd Vice President: _____

Member # _____

Daytime Phone: _____

Email: _____

☐ 3rd Vice President: _____

Member # _____

Daytime Phone: _____

Email: _____

☐ Secretary: Tracy Pilton

Member # _____

Daytime Phone: _____

Email: _____

☐ Treasurer: Loei Natterer

Member # _____

Daytime Phone: _____

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: _____

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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