

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF FLORIDA**

District Officers and Chairmen

DISTRICT # _____

Please fill in completely and return to Department Headquarters after appointments are verified. Type or print legibly with current/correct name, address, with zip code, telephone number and email address. Any changes must be submitted to Department immediately.

Please complete form in its entirety. This form is also available in a fillable pdf. on line at www.alafi.org, under Forms & Resources.

Position	Name	Mailing Address	Email Address	Phone #
PRESIDENT				
SECRETARY				
TREASURER				
CHAPLAIN				
HISTORIAN				
SERGEANT-AT-ARMS				
PARLIAMENTARIAN				
AMERICANISM				
AUXILIARY EMERGENCY FUND				
CAVALCADE OF MEMORIES				
CHILDREN & YOUTH				
COMMUNITY SERVICE				

Title	Name	Address/Zip Code	Email	Phone #
CONSTITUTION & BYLAWS				
EDUCATION				
GIRLS STATE				
JUNIOR ACTIVITIES				
LEADERSHIP				
LEGISLATIVE				
MEMBERSHIP				
NATIONAL SECURITY				
PAST PRESIDENT'S PARLEY				
POPPY				
PUBLIC RELATIONS				
V. A. & R.				

PLEASE COMPLETE AND RETURN LIST TO DEPARTMENT HEADQUARTERS. **RETURN NO LATER THAN JULY 30!!**

Mail to Department Headquarters, P.O. Box 547917, Orlando, FL 32854-7917

_____ District President's Signature