AMERICAN LEGION AUXILIARY
DEPARTMENT OF FLORIDA

District Officers and Chairmen

DISTRICT # 2

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.alafl.org, under Forms & Resources.

Position	Name	Mailing Address	Email Address	Phone #
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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