

**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](http://www.alafi.org), under Forms & Resources.**

<b>Position</b>	<b>Name</b>	<b>Mailing Address</b>	<b>Email Address</b>	<b>Phone #</b>
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