



Officers and Chairmen for District # _____

Please fill in completely and return to Department Headquarters after appointments are verified. Any changes must be submitted to Department immediately. **Please complete form in its entirety.**

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

| Position | Name | Email Address | Phone # |
|-------------------------|------|---------------|---------|
| CONSTITUTION & BYLAWS | | | |
| EDUCATION | | | |
| GIRLS STATE | | | |
| JUNIOR ACTIVIES | | | |
| 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 SEPTEMBER 8, 2024!!**
 Email to: membership@alafl.org

_____ District President's Signature

_____ Date