



**American Legion Auxiliary
National Leadership Report and Award Cover Sheet**

Please note, your report will also be viewed as an award entry if this cover sheet is attached.
Complete the following if you are applying for a member award.

Unit #: _____ Full official unit name: _____

Name of state where you are a member: _____

Nominee's Full Name: _____ ALA member ID#: _____

Address: _____

Phone number: (____) _____

Email address: _____

Department Leadership Chairman: **Mary Kelly-Perkins**

Address: 10212 MURRAY RD., CLERMONT, FL 34711

Phone number: (_813_) 508-3822

Email address: leadership@alaf1.org

For a unit award or to submit a year-end unit narrative report, please complete this section. Be sure to give the complete name of your unit. The award certificate will be prepared using the information you include below.

Unit #: _____ Full official unit name: _____

Name of department: _____

Unit president/chairman (**circle one**) name: _____

Above listed person's ALA member ID#: _____ Phone number: (____) _____

Email address: _____
