

AMERICAN LEGION AUXILIARY
DEPARTMENT OF FLORIDA

UNIT OFFICE INFORMATION CHANGE FORM

USE TO REPORT A CHANGE IN OFFICER OR AN ADDRESS CHANGE FOR AN
OFFICER (ADDRESS CHANGE MUST BE ALSO REPORTED ON A DATA FORM)

UNIT # _____

OFFICER'S NAME: _____ NEW? YES OR NO

TITLE: _____ ID # _____

ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP CODE)

PHONE #: _____

Units can have only one election a year. All vacancies must be filled according to the Unit's
Constitution & Bylaws.