AMERICAN LEGION AUXILIARY DEPARTMENT OF FLORIDA, INC 1912 A LEE RD ORLANDO, FLORIDA 32810 For the day/time of meetings: Please write exactly which day of the week they are held each month Ex: 1st Thursday, at 5 pm.

2024-2025

## UNIT OFFICERS' LIST

This form must be returned within 10 days of Unit elections or no later than May 31, 2024. No membership packets will be provided until this form is received at Department Headquarters! No other format will be accepted. All 2024 dues must be paid at the time of elections! All information is required on this form.

Unit Name:	Unit #	District #	
Unit's Mailing Address:	(Street address or PO Box)		
	·	(City)	(Zip)
Unit Email Address:			_
Date of Election	Day/Time Meeting are Held		
Unit EIN#	Corporation #		
Must check each box to confirm that t	the Unit has verified each Off	icer's current yr du	es are paid.
President:	Vice Pres	ident:	
Member#	Member #		
Daytime Phone:	Daytime Phone:		
Email:	Email:		
2 <sup>nd</sup> Vice President:	3 <sup>rd</sup> Vice Pi	resident:	
Member #	Member #		
Daytime Phone:	Daytime Phone:		
Email:	Email:		
Secretary:	Treasurer	:	
 Member #	<u> </u>		
Daytime Phone:			
Email:	Email:		

Chaplain:	Historian:	
Member #	Member #	
Daytime Phone:	Daytime Phone:	
Email:	Email:	
Sgt-at-Arms:	Membership:	
Member #	Member #	
Daytime Phone:	Daytime Phone:	
Email:	Email:	
Member at Large:	Member at Large	
Member #	Member #	
Daytime Phone:	Daytime Phone:	
Email:	Email:	
Member at Large:	Member at Large:	
Member #	Member #	
Daytime Phone:	Daytime Phone:	
Email:	Email:	
Member at Large:	Member at Large:	
Member #	Member #	
Daytime Phone:		
Email:	F	
Completed By:	Date:	

Return Form to Department: Email: membership@alafl.org