

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: 1<sup>st</sup> Thursday, at 5 pm.**

2025-2026

### UNIT OFFICERS' LIST

This form must be returned within 10 days of Unit elections or no later than May 29, 2025. No membership packets will be provided until this form is received at Department Headquarters! No other format will be accepted. **All 2025 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 the Unit has verified each Officer's current yr dues are paid.**

<input type="checkbox"/> <b>President:</b> _____	<input type="checkbox"/> <b>Vice President:</b> _____
Member # _____	Member # _____
Daytime Phone: _____	Daytime Phone: _____
Email: _____	Email: _____

<input type="checkbox"/> <b>2<sup>nd</sup> Vice President:</b> _____	<input type="checkbox"/> <b>3<sup>rd</sup> Vice President:</b> _____
Member # _____	Member # _____
Daytime Phone: _____	Daytime Phone: _____
Email: _____	Email: _____

<input type="checkbox"/> <b>Secretary:</b> _____	<input type="checkbox"/> <b>Treasurer:</b> _____
Member # _____	Member # _____
Daytime Phone: _____	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: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Form to Department:**

**Email: [membership@alaf1.org](mailto:membership@alaf1.org)**

