

This form is due to the
department office no later
than June 1,

Unit Officers 2024-2025
Fiscal Year Begins August 1,

District/Unit # _____

Time and Place of Unit Meeting _____

Please list the name and address of the person who will be receiving mail. _____

President: _____ Member ID # _____

Phone () _____ Email _____

1st Vice President: _____ Member ID # _____

Phone () _____ Email _____

Secretary: _____ Member ID # _____

Phone () _____ Email _____

Treasurer: _____ Member ID # _____

Phone () _____ Email _____

Membership: _____ Member ID # _____

Phone () _____ Email _____

Historian: _____ Member ID # _____

Phone () _____ Email _____

Chaplain: _____ Member ID # _____

Phone () _____ Email _____

Sergeant at Arms: _____ Member ID # _____

Phone () _____ Email _____

Please send one copy to Department Secretary
American Legion Auxiliary, 600 Ellis Blvd. Jefferson City, MO 65101
Send Second Copy to Your District President

