Unit Officers 2025-2026
Fiscal Year Begins August 1

District _____
Unit _____
Date _____

(Type or Print Clearly – If more space needed add another sheet)

Form due in Department office no later than June 1.

POSITION	NAME	Member ID	Phone	Email
President				
1st Vice President				
Secretary				
Treasurer				
Membership Chair				
Historian				
Chaplain				
Sergeant at Arms				

Time and Place meetings held: _____

_____ _____

The person who will be receiving mail for your unit (required):

Name: _____

Address: _____

Email: _____

Send one copy to Department Secretary, American Legion Auxiliary, 600 Ellis Blvd, Jefferson City, MO 65101 & one copy to Your District President

Office Use Only

Entered _____ Scan Date _____ Completed ____

Revised 09/24