



**AMERICAN LEGION AUXILIARY
DEPARTMENT OF COLORADO**

**CERTIFICATION OF UNIT OFFICERS
PLEASE COMPLETE ENTIRE FORM**

Unit _____ District _____ City _____
Name of Unit as it Appears on Charter _____

Pres:	Id#:	Home#:
Address:		Work#:
Email:		Cell#:
Sec:	Id#:	Home#:
Address:		Work#:
Email:		Cell#:
1st Vice:	Id#:	Home#:
Address:		Work#:
Email:		Cell#:
2nd Vice:	Id#:	Home#:
Address:		Work#:
Email:		Cell#:
Treasurer:	Id#:	Home#:
Address:		Work#:
Email:		Cell#:
Chaplain:	Id#:	Home#:
Address:		Work#:
Email:		Cell#:
Historian:	Id#:	Home#:
Address:		Work#:
Email:		Cell#:
Sgt-at-Arms:	Id#:	Home#:
Address:		Work#:
Email:		Cell#:
Member-at-Large:	Id#:	Home#:
Address:		Work#:
Email:		Cell#:
Membership Chair:	Id#:	Home#:
Address:		Work#:
Email:		Cell#:

Unit Home Address: _____
 Phone: _____ Main Email Address for Unit: _____
 Mailing Address: _____
 Day & Time of Meeting: _____
 Meeting Location: _____
 Does your Unit have a Facebook page or website? _____
 What is the Address?: www. _____
 AMOUNT OF SR DUES: _____ AMOUNT OF JR DUES: _____

DATE: _____ SIGNITURE: _____

PLEASE TYPE OR PRINT: Make sure all copies are readable if not filled out on the computer. Forward to the American Legion Auxiliary, Department of Colorado, 7465 E. 1st. Ave. #D, Denver, CO 80230. It is VERY IMPORTANT to list complete mailing Address's for all Unit Officials so that their names may be placed on National and Department mailing lists. If a work phone is not to be given out, please circle it. This information must be submitted to Department for the Unit to vote their delegate strength at Department Convention.

MAIL OR EMAIL: TO DEPARTMENT SECRETARY E: dept.sec.alacolorado@gmail.com