



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

UNIT# _____ DISTRICT# _____ CITY: _____
 NAME OF UNIT AS IT APPEARS ON CHARTER: _____

Pres: _____	ID# _____	Home # _____
Address: _____		Work # _____
E-mail Address: _____		Mobile # _____
Sec: _____	ID# _____	Home # _____
Address: _____		Work # _____
E-mail Address: _____		Mobile # _____
1 st Vice: _____	ID# _____	Home # _____
Address: _____		Work # _____
E-mail Address: _____		Mobile # _____
2 nd Vice: _____	ID# _____	Home # _____
Address: _____		Work # _____
E-mail Address: _____		Mobile # _____
Treasurer: _____	ID# _____	Home # _____
Address: _____		Work # _____
E-mail Address: _____		Mobile # _____
Chaplain: _____	ID# _____	Home # _____
Address: _____		Work # _____
E-mail Address: _____		Mobile # _____
Historian: _____	ID# _____	Home # _____
Address: _____		Work # _____
E-mail Address: _____		Mobile # _____
Sgt-at-Arms: _____	ID# _____	Home # _____
Address: _____		Work # _____
E-mail Address: _____		Mobile # _____
Member-at-Large: _____	ID# _____	Home # _____
Address: _____		Work # _____
E-mail Address: _____		Mobile # _____

UNIT HOME ADDRESS: _____ PHONE: _____

MAILING ADDRESS: _____

MEETING PLACE ADDRESS: _____

DAY & TIME OF MEETING: _____ AMOUNT OF DUES: \$ _____

AMOUNT OF JR DUES: \$ _____

DATE: _____

SIGNATURE: _____

PLEASE TYPE OR PRINT. Make sure all copies are readable if not filled in 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 addresses 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 in order for the Unit to vote their delegate strength at Department Convention.

MAIL OR EMAIL TO DEPARTMENT