



AMERICAN LEGION AUXILIARY
DEPARTMENT OF COLORADO

Elected at the District# _____ Convention, held at _____, Colorado,
_____, 20___. The District Officers are to assume their duties on the occasion of the
Colorado Department Convention.

PRESIDENT _____	TELEPHONE _____
ADDRESS _____	CITY _____ ZIP _____
VICE PRESIDENT _____	TELEPHONE _____
ADDRESS _____	CITY _____ ZIP _____
SECRETARY _____	TELEPHONE _____
ADDRESS _____	CITY _____ ZIP _____
TREASURER _____	TELEPHONE _____
ADDRESS _____	CITY _____ ZIP _____
CHAPLAIN _____	TELEPHONE _____
ADDRESS _____	CITY _____ ZIP _____
HISTORIAN _____	TELEPHONE _____
ADDRESS _____	CITY _____ ZIP _____
SGT-AT-ARMS _____	TELEPHONE _____
ADDRESS _____	CITY _____ ZIP _____
DIST EXEC COMM _____	TELEPHONE _____
ADDRESS _____	CITY _____ ZIP _____

Representatives elected at this District for the coming National Convention:

DELEGATE _____ ALTERNATE _____

The two Pages appointed to serve at the coming Department Convention:

Name: _____ UNIT _____

Name: _____ UNIT _____

If not completed on the computer, please print clearly. Send to:
American Legion Auxiliary
7465 East 1st Avenue, Suite D
Denver, CO 80230

It is VERY IMPORTANT to list complete and correct mailing addresses of all District Officers. All District Secretaries **MUST** submit the names of newly elected District Officers to the Department Secretary within 10 days after the District Convention.