

2010-2011 UNIT OFFICERS

Please complete the information (type or print) on this form and return it to the address listed below **as soon as your Officers have been elected.** **Do not wait until they have been installed.** We must have this information immediately for our records. Please fill in all blanks.

Send to: American Legion Auxiliary
Department of Oklahoma
Attn: Elsie Nelson
P O Box 2260
Oklahoma City OK 73101-2260

Your District #: _____

You may also FAX this to:
1-405-528-4208

American Legion Auxiliary

Unit Name: _____ Unit Number: _____
Located at (town): _____, Oklahoma

Unit President

Mrs. / Miss / Ms. _____ Given Name _____ Last Name _____ ALA Member ID # _____
Mailing Address: _____
Telephone No.: Home: _____ Work: _____
FAX: _____ Cell: _____
eMail Address: _____

Unit Secretary

Mrs. / Miss / Ms. _____ Given Name _____ Last Name _____ ALA Member ID # _____
Mailing Address: _____
Telephone No.: Home: _____ Work: _____
FAX: _____ Cell: _____
eMail Address: _____

Unit Membership Chairman

Mrs. / Miss / Ms. _____ Given Name _____ Last Name _____ ALA Member ID # _____
Mailing Address: _____
Telephone No.: Home: _____ Work: _____
FAX: _____ Cell: _____
eMail Address: _____

Permanent Address for Your Unit: American Legion Auxiliary Unit No. _____
Address: _____

Meetings Held: City / State / Zip: _____
Number of Meetings per Month: _____ Day of Week (1st Mon, etc.): _____
Time (Hour): _____ Place: _____

Amount of Unit Dues: Seniors: \$ _____ Juniors: \$ _____