

American Legion Auxiliary – Department of Wisconsin

2009-2010 COUNTY OFFICER INFORMATION

County Name _____ District # _____

County's Federal I. D. # _____
MANDATORY (Employer Identification Number)

Please return ASAP - records will not be updated at Department Headquarters until current form is received.

PLEASE PRINT and provide all information that is requested

President

Name _____ Unit # _____

Address _____ City _____ Zip _____

Phone () _____ Work Phone () _____

Fax () _____ Email: _____

Vice President

Name _____ Unit # _____

Address _____ City _____ Zip _____

Phone () _____ Email _____

Secretary

Name _____ Unit # _____

Address _____ City _____ Zip _____

Phone: () _____ Email _____

Treasurer

Name _____ Unit # _____

Address _____ City _____ Zip _____

Phone: () _____ Email _____