

Use PEN
NO pencil

American Legion Auxiliary – Department of Wisconsin
2008-2009 DISTRICT OFFICER INFORMATION FORM

District # _____

Please return ASAP even if your District did not hold elections and officers stayed the same

Please print & provide all information that is requested Federal EIN # _____
MANDATORY (Employer Identification Number)

President Name _____ Unit # _____
Address _____ City _____ Zip _____
Phone (_____) _____ Work Phone (_____) _____
Fax (_____) _____ Email _____

1st 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 _____

Legislative Name _____ Unit # _____
Address _____ City _____ Zip _____
Phone: (_____) _____ Email _____

Chaplain Name _____ Unit # _____
Address _____ City _____ Zip _____
Phone: (_____) _____ Email _____

Juniors Name _____ Unit # _____
Address _____ City _____ Zip _____
Phone: (_____) _____ Email _____

VA&R Name _____ Unit # _____
Address _____ City _____ Zip _____
Phone: (_____) _____ Email _____

C&Y Name _____ Unit # _____
Address _____ City _____ Zip _____
Phone: (_____) _____ Email _____

Americanism Name _____ Unit # _____
Address _____ City _____ Zip _____
Phone: (_____) _____ Email _____

Membership Name _____ Unit # _____
Address _____ City _____ Zip _____
Phone: (_____) _____ Email _____