

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

American Legion Auxiliary – Department of Wisconsin
PO Box 140 – Portage WI 53901

2010 - 2011 UNIT OFFICERS

PLEASE PRINT and provide all information that is requested

Unit's *City* Location _____ Unit # _____
Unit's Federal I. D. # _____ County _____ Dist # _____

President

Name _____ Home Phone () _____
Address _____ City _____ Zip _____
Work () _____ (only if willing to receive calls at work) _____
Email _____ *Alternate email Name _____

**If president does not have an email address, please provide an email address of a member willing to receive & share Auxiliary information with your Unit.*

Secretary

Name _____
Address _____ Email _____
City _____ Zip _____
Home Phone () _____ Work () _____
(only if willing to receive calls at work)

Treasurer

Name _____
Address _____ Email _____
City _____ Zip _____
Home Phone () _____ Work () _____
(only if willing to receive calls at work)

Membership Chairman

Name _____
Address _____ Email _____
City _____ Zip _____
Home Phone () _____ Work () _____
(only if willing to receive calls at work)

Badger Girls State Chairman

Name _____
Address _____ Email _____
City _____ Zip _____
Home Phone () _____ Work () _____
(only if willing to receive calls at work)