

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

2009 - 2010 UNIT OFFICERS

PLEASE PRINT and provide all information that is requested

Unit's City Location _____ Unit # _____

Unit's Name: _____

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) _____