

2023-2024 UNIT OFFICERS FORM

AMERICAN LEGION AUXILIARY ♦ DEPARTMENT OF WISCONSIN

PO Box 140, Portage WI 53901-0140

Ofc: 608-745-0124 ♦ Fax: 608-745-1947 ♦ Email: alawi@amlegionauxwi.org



Unit City Location _____

Unit # _____

County _____

Dist # _____

Meeting Location/Date & Time _____

- Units must have this form submitted to Department to be eligible for Unit Membership Awards.
- Please designate **ONE OFFICER** to receive Unit mailings and other important Unit information.
Name: _____

President's Name _____ Yrs in this position _____ Member ID # _____

Mailing Address _____ City _____ Zip _____

Primary Ph # _____ Cell Home Secondary Ph # _____ Cell Home

Email _____

1st VP's Name _____ Yrs in this position _____ Member ID # _____

Mailing Address _____ City _____ Zip _____

Primary Ph # _____ Cell Home Secondary Ph # _____ Cell Home

Email _____

2nd VP's Name _____ Yrs in this position _____ Member ID # _____

Mailing Address _____ City _____ Zip _____

Primary Ph # _____ Cell Home Secondary Ph # _____ Cell Home

Email _____

Secretary's Name _____ Yrs in this position _____ Member ID # _____

Mailing Address _____ City _____ Zip _____

Primary Ph # _____ Cell Home Secondary Ph # _____ Cell Home

Email _____

Treasurer's Name _____ Yrs in this position _____ Member ID # _____

Mailing Address _____ City _____ Zip _____

Primary Ph # _____ Cell Home Secondary Ph # _____ Cell Home

Email _____

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Chaplain's Name _____ Yrs in this position _____ Member ID # _____
Mailing Address _____ City _____ Zip _____
Primary Ph # _____ Cell Home Secondary Ph # _____ Cell Home
Email _____

↪ (Dues Remit To Person - name & address will be printed on the members' payment dues reminders sent from National)

Renewal Notice Name _____ Yrs in this position _____ Member ID # _____
Mailing Address _____ City _____ Zip _____
Primary Ph # _____ Cell Home Secondary Ph # _____ Cell Home
Email _____

↪ **Complete - Only if Dues Mailing address is different from mailing address above**

Dues Mailing Address/City/State/Zip _____

↪ (**The person in the UNIT** who will receive ALABGS information)

ALABGS Chrm's Name _____ Yrs in this position _____ Member ID # _____
Mailing Address _____ City _____ Zip _____
Primary Ph # _____ Cell Home Secondary Ph # _____ Cell Home
Email _____

Signed _____
(Name/Title)

Date _____