

2024-2025 UNIT OFFICERS FORM

AMERICAN LEGION AUXILIARY ♦ DEPARTMENT OF WISCONSIN

PO Box 140, Portage WI 53901-0140

Ofc: 608-745-0124 ♦ 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 important Unit information.

➔ Name: _____

President's Name _____ Member ID # _____

Mailing Address _____ City _____ Zip _____

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

Email _____

Secretary's Name _____ Member ID # _____

Mailing Address _____ City _____ Zip _____

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

Email _____

Treasurer's Name _____ 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 _____ 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 reservation packet/information)

ALABGS Chrm's Name _____ Member ID # _____

Mailing Address _____ City _____ Zip _____

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

Email _____

Signed _____

Date _____

(Name/Title)