



American Legion Auxiliary-Department of Wisconsin  
2024 American Legion Auxiliary Convention



# RESOLUTION

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Submitted by:

Unit Name: \_\_\_\_\_ City \_\_\_\_\_ Unit # \_\_\_\_\_ Dist. # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Subject: \_\_\_\_\_ Date: \_\_\_\_\_

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Resolution # \_\_\_\_\_

Program: \_\_\_\_\_

Signature of UNIT President/Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of DISTRICT President/Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

FOR DEPARTMENT USE ONLY:

Committee Chair Name & Signature

\_\_\_\_\_ Date: \_\_\_\_\_  Approved  Rejected  Revised

\_\_\_\_\_ Date: \_\_\_\_\_  Approved  Rejected  Revised

\_\_\_\_\_ Date: \_\_\_\_\_  Approved  Rejected  Revised

Convention Action:  Approved  Rejected Date: \_\_\_\_\_