



AMERICAN LEGION AUXILIARY

Department of California

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Certification of Election of Unit Officers

Unit Name Unit Number District Number

Location of Unit Election Held On

The following information will be used to compile Department Mailing Lists. **Please type or print**
In accordance with provisions of Department Constitution Art. XIV Sec. 2, And our Unit Bylaws, the
following officers were elected not before April 1, 2018 or after June 16, 2018

MAIL THIS FORM TO DEPARTMENT IMMEDIATELY AFTER ELECTIONS

Unit President Name			
Address		Phone	Area Code Number
City/Zip Code		Membership Number	
EMAIL:			
Unit Secretary Name			
Address		Phone	Area Code Number
City		Zip	
EMAIL:			
Unit Treasurer Name			
Address		Phone	Area Code Number
City		Zip	
EMAIL:			

Place of Unit Meeting _____

Day and Time Unit Meets _____

Important: The following person is designated by the Unit President to receive all Unit mail

Unit President Name			
Address		Phone	Area Code Number
City		Zip	

Election Certified By: _____

Signature: President Who Presided at Election Signature of Secretary Who Presided at Election

Date of Installation _____ Name of Installing Officer _____

Mail one Copy to District President Immediately Following Election

Mail one Copy to Department Office Immediately Following Election