

AMERICAN LEGION AUXILIARY

Department of California

UNIT AMENDMENT(S) TO BYLAWS

Send five (5) copies to: Department Constitution and Bylaws Chairman

NAME OF UNIT _____ NO. _____ DISTRICT # _____

ARTICLE _____ SECTION _____ Amended to read:

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First Reading: _____ Date _____ Second Reading and Adoption _____ Date _____

ATTESTED TO: _____
Unit Constitution & Bylaws Chairman _____ Date _____

Unit President _____ Date _____

APPROVED BY: _____
Department Constitution & Bylaws Chairman _____ Date _____

Department President _____ Date _____

Name, address and phone number of Unit Member to contact and/or return Amendment to Bylaws.

Name: _____
Address: _____
City, State & Zip: _____
Phone (include Area Code): _____
E-Mail, if available: _____