



## ALA Rock Stars Contact Form

Department: \_\_\_\_\_

Name & contact information of person completing form:

\_\_\_\_\_

Do you know a member or unit that is doing extraordinary work for the American Legion Auxiliary? Include their contact information below and submit to the National Membership Committee. They may be interviewed to be included in national publications such as the monthly membership newsletter, the eNews or eBulletin.

### **Individual Member Being Nominated:**

Name & Unit: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### **Unit Being Nominated:**

Unit Number & City/State: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Why are they an ALA Rock Star? (Use back or separate sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_