



American Legion Auxiliary
Department of California

Narrative Report Cover Sheet

Complete the following if you are submitting a narrative report (Supplemental) to District or Department. Be sure to give the complete name of the member. The award certificate will be prepared using the information you include below. This form may also be forwarded to National.

District #: _____ Unit #: _____ Full official Unit name: _____

Name of the Program: _____

Name of state where you are a member: _____

Member Name: _____ ALA member ID#: _____

Phone Number: _____ Email: _____

Unit President Name: _____

District President Name: _____

All awards will be mailed to the department office after ALA National Convention. Department presidents may wish to recognize award recipients by presenting them with the award at a department function.