

American Legion Auxiliary Department of California

DISTRICT AMENDMENT(S) TO BYLAWS

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

DISTRICT NO. _____

ARTICLE _____ SECTION _____ Amended to read:

ARTICLE _____ SECTION _____ Amended to read:

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

ATTESTED TO: _____ Date _____
District Constitution and Bylaws Chairman

District President Date _____

APPROVED BY: _____ Date _____
Department Constitution and Bylaws Chairman

Department President Date _____

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

Name: _____

Address: _____

City, State, & Zip: _____

Phone (include Area Code): _____

Email: _____