

American Legion Auxiliary Department of California

UNIT AMENDMENT(S) TO BYLAWS

Send five (5) copies to the 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: _____ Date _____
Unit Constitution and Bylaws Chairman

Unit President Date

APPROVED BY: _____ Date _____
Department Constitution and Bylaws Chairman

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): _____

Email: _____