



AMERICAN LEGION AUXILIARY, DEPARTMENT OF TEXAS

PO Box 1629, Little Elm TX 75068

Phone: 214-733-7945

secretary@alateexas.org

www.alateexas.org

Certification of Election of Unit Officers and Unit Data form
Year 20__ - 20__

Unit Name _____ Unit Number _____ District _____ Division _____

Unit Location _____ Date Election Held _____

Unit Mailing Address _____

20__ Senior Dues of the Unit are \$ _____ per member

20__ Junior Dues of the Unit are \$ _____ per member

The following information will be used to compile the Department Roster (Blue book) Please type or print.

Unit President Name:		e-mail:
Address:		Phone:
City:	Zip:	Membership No.
Unit Secretary Name:		e-mail:
Address:		Phone:
City:	Zip:	Membership No.
Unit Treasurer Name:		e-mail:
Address:		Phone:
City:	Zip:	Membership No.
Membership/Renewal Person:		e-mail
Remit to Address:		Phone:
City:	Zip:	Membership No.
Girls State Person:		e-mail:
Address:		Phone:
City:	Zip:	Membership No.

Place of Unit Meeting: _____ Date and Time Unit Meets: _____

Does your Unit have a Facebook/Twitter/Instagram page and if yes, what name do you see on it? _____

Does your Unit have a website, if yes, what is the Website address? _____

Signed _____

Printed Name _____ Title _____

Return to Department by June 15

NOTE: Officers must be elected at least 4 weeks prior to the Department Convention.

Membership cards will **NOT** be sent to the units until Department receives the above

Certification of Officers. **Fill out and send back, even if your officers are the same as last year.**



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CERTIFICATION OF JUNIOR OFFICERS (if applicable)
YEAR 20__-20__

Dear Junior Activities Chairman / Advisor / Counselor:

Officers for the Junior Unit shall be elected at the same time as delegates to the Annual Junior Meeting but shall not assume the duties of their offices until the first regular meeting following the Department Junior Meeting.

The CERTIFICATION OF OFFICERS form is to be completed and returned to Department Headquarters promptly following the election meeting. (Form is to be completed and returned even if officers are re-elected)

UNIT NAME _____(CITY)_____

UNIT NUMBER _____DISTRICT _____DIVISION _____

PRESIDENT _____

VICE PRES. _____

SECRETARY _____

TREASURER _____

CHAPLAIN _____

HISTORIAN _____

SGT.-AT-ARMS _____

SIGNED _____

Junior Activities Chairman / Advisor / Counselor

Address _____ Phone _____

City _____ State _____ Zip _____

Mail to: Address shown above

(This form can also be used for certification of District Junior Officers)