



AMERICAN LEGION AUXILIARY, DEPARTMENT OF TEXAS

PO Box 140407, Austin TX 78714-0407

Phone: 512-476-7278

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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 PO 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 Acting 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:		Membership No.

Place of Unit Meeting: _____

Date and Time Unit Meets: _____

Does your Unit have a Facebook/Twitter 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 _____
Name & Title

Return to Department by May 15, 20__.

NOTE: Officers must be elected at least 4 weeks prior to the Department Convention.
2019 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.**

Transmitted through:
Department Headquarters April 2019



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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)

Transmitted through:
Department Headquarters April 2019