

IMPORTANT

2017-2018

District President, Secretary & Membership Chairman

PRINT Please. FILL THIS FORM OUT IMMEDIATELY AFTER YOUR ELECTIONS ARE HELD. Make sure to fill in ALL that is requested. Mail **ASAP**.

DISTRICT # _____

MEETING: TIME _____ WHAT DAY _____
(Such as 1st Mon. 3rd Wed.,etc)

District PRESIDENT _____

Email _____

Address _____ Town _____ Zip _____

Phone w/area code (H) _____ (C) _____ (W) _____

District SECRETARY _____

Email _____

Address _____ Town _____ Zip _____

Phone w/area code (H) _____ (C) _____ (W) _____

MEMBERSHIP CH _____

Email _____

Address _____ Town _____ Zip _____

Phone w/area code (H) _____ (C) _____ (W) _____

This information has to be typed into the ALAMIS database, so please get it to the office as soon as you can. Thank you for your cooperation.

Mail to: American Legion Auxiliary
Department of CT.
PO Box 266
Rocky Hill, Ct. 06067-0266
ctaladept@gmail.com

2017-2018 DISTRICT OFFICERS

District Secretaries: Please fill in names, addresses and telephone numbers below and return as soon as possible to the **DEPARTMENT SECRETARY**.

District _____

(Please type or print clearly)

President _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Jr. Past President _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

First V. Pres. _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Second V. Pres. _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Secretary _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Treasurer _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Chaplain _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Historian _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Sgt-at-Arms _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Asst. Sgt-at-Arms _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

District meetings are held: Day _____ Time: _____

Please provide a **list of Dates and Posts where Meetings will take place** and deliver to the Department Secretary as soon as you can. Thank You!