

TO: 2010-2011 District Presidents

DISTRICT NUMBER: _____

RE: DISTRICT APPOINTMENTS FOR 2010-2011

Please complete this sheet and return to the Department Headquarters by **July 15, 2010**. TYPE OR PRINT LEGIBLY. If your appointments are not complete by July 15th, please **SEND WHAT YOU HAVE**, and make changes later, but please make sure to notify Department of any additions, deletions or changes as they occur.

DISTRICT PRESIDENT NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

1ST VICE PRESIDENT NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

DISTRICT SECRETARY NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

DISTRICT TREASURER NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

DISTRICT CHAPLAIN NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

DISTRICT HISTORIAN NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

AMERICANISM NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

AUX. EMERGENCY FUND NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

CHILDREN & YOUTH NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

COMMUNITY SERVICE NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

CONST. & BYLAWS NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

EDUCATION

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

GIRLS STATE

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

JUNIOR ACTIVITIES

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

LEADERSHIP

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

LEGISLATIVE

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

MEMBERSHIP

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

MUSIC

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

NATIONAL SECURITY

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

PAST PRES. PARLEY

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

POPPY

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

PUBLIC RELATIONS

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

VETERANS AFFAIRS &
REHABILITATION

NAME: _____ UNIT # _____
ADDRESS: _____ PO BOX: _____
CITY: _____ MI, ZIP: _____
HM. PHONE: _____ CELL: _____
E-MAIL: _____

RETURN TO: American Legion Auxiliary, Department of Michigan, 212 N. Verlinden, Suite B, Lansing, MI 48915

Questions? (517) 267-8809, Extension 21