

**AMERICAN LEGION AUXILIARY
Department of California**

DISTRICT AMENDMENT(S) TO BYLAWS

Send four (4) copies with original signatures to: Department Constitution and Bylaws Chairman

DISTRICT # _____

ARTICLE _____ SECTION _____ Amended to read:

ARTICLE _____ SECTION _____ Amended to read:

First Reading: _____ Date _____ Second Reading and Adoption _____ Date _____

ATTESTED TO: _____
District Constitution & Bylaws Chairman Date _____

District President Date _____

APPROVED BY: _____
Department Constitution & Bylaws Chairman Date _____

Department President Date _____

Name, address and phone number of District Member to contact and/or return Amendment to Bylaws.

Name: _____

Address: _____

City, State & Zip: _____

Phone (include Area Code): _____

E-Mail, if available: _____