

**American Legion Auxiliary
Department of California**

AMENDMENT(S) TO BYLAWS

Send five (5) copies with original signatures to: Department Constitution and Bylaws Chairman

UNIT NAME _____ UNIT # _____ DISTRICT # _____

ARTICLE _____ SECTION _____ Amended to read:

ARTICLE _____ SECTION _____ Amended to read:

First Reading: _____ Second reading and adoption: _____

ATTESTED TO: _____

Unit Constitution & Bylaws Chairman _____ Date _____

Unit President _____ Date _____

APPROVED BY: _____

Department Constitution & Bylaws Chairman _____ Date _____

Department President _____ Date _____

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

Name: _____

Address: _____

City, State & Zip: _____

Phone (include Area Code): _____

E-Mail, if available: _____