



AMERICAN LEGION AUXILIARY

Department of California
401 Van Ness Avenue, Room 113
San Francisco, California 94102-4586
(415) 861-5092 FAX (415) 861-8365

Certification of Election of Unit Officers

Unit Name _____ Unit Number _____ District Number _____

Location of Unit _____ Election Held On _____

The following information will be used to compile Department Mailing Lists. **Please Type or Print**
In accordance with provisions of Department Constitution Art. XIV Sec. 2,
and our Unit Bylaws, the following officers were elected:

| | |
|----------------------------|------------------------|
| Unit President Name | |
| Address | Phone Area Code Number |
| City Zip | Membership Number |
| Unit Secretary Name | |
| Address | Phone Area Code Number |
| City | Zip |
| Unit Treasurer Name | |
| Address | Phone Area Code Number |
| City | Zip |

Place of Unit Meeting _____

Day and Time Unit Meets _____

Important: The following person is designated by the Unit President to receive all unit mail.

| | |
|---------|-----|
| Name | |
| Address | |
| City | Zip |

Election Certified By: _____
Signature of President Who Presided at Election

Election Certified By: _____
Signature of Secretary Who Presided at Election

Date of Installation _____ Name of Installing Officer _____

Mail Goldenrod to District President Immediately Following Election
Mail White Copy to Department Office Immediately Following Election