



**AMERICAN LEGION AUXILIARY**  
**Department of California**

**CERTIFICATION OF ELECTION OF UNIT OFFICERS**

Unit Election Information				
Unit Name:	Unit #:	District #:	Date Election Held:	Location:

*In Accordance with provisions of the Department Bylaws, Article IX, Section 8 and our Unit Bylaws, the following Officers were elected not before April 1 or After 5 days prior to the opening of Department Convention.*

*The following information will be used to compile Department Mailing Lists. Please type or print.*

Unit President				
Name:		Membership #:	Home Phone:	Work Phone:
Address:	City:		Zip Code:	Email:

Unit Secretary				
Name:		Membership #:	Home Phone:	Work Phone:
Address:	City:		Zip Code:	Email:

Unit Treasurer				
Name:		Membership #:	Home Phone:	Work Phone:
Address:	City:		Zip Code:	Email:

Election Certification	
Presiding at Election/ President Signature:	Presiding at Election/ Secretary Signature:

Unit Installation Information		
Date:	Installing Officer Name:	Location of Installation:

Unit Meeting Information	
Location of Unit Meeting:	Day and Time Unit Meets:

Receipt of Unit Mail Designation				
Name:	Address:	City:	Zip Code:	Phone:

**Send one copy to the District President and one copy to the Department Office immediately following election.**