

**THIS FORM MUST BE FILLED OUT IN TRIPLICATE  
and signed by the Appropriate parties  
AMERICAN LEGION AUXILIARY  
DEPARTMENT OF MINNESOTA**

DATE: November 17, 2017

The Governing Rules Committee of the American Legion Auxiliary, Department of Minnesota submits the following Resolution for consideration at the 2018 Convention being held in Rochester, MN.

Resolution No. \_\_\_\_\_ Subject: ALT NEC vacancy  
**(Do not fill in Resolution No. or Subject)**

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**RESOLUTION**

(Please type if possible)

**Whereas**, there is no provision for replacement of the Alternate National Committeewoman should she not be able to complete her term, and

**Whereas**, the position is essential to the operation and continuity of our organizations; therefore, be it

**Resolved**, that Standing Rule Article IV, ADMINISTRATION, Section 6(a) which reads as follows:

In case of death, resignation or removal of the Department President, the First Vice President may succeed to the office, the Second Vice President may succeed to the office of First Vice President. Vacancies in all Department offices occurring between conventions may be filled by the Department Executive Committee.

Be changed to read as follows:

In case of death, resignation or removal of the Department President, the First Vice President may succeed to the office, the Second Vice President may succeed to the office of First Vice President. Vacancies in all Department offices, **including the position of Alternate National Executive Committeewoman**, occurring between conventions may be filled by the Department Executive Committee for the length of the term.

And, be it finally

**Resolved**, that this change become effective at the close of the 2018 Convention.

Signed Carol Kottom  
Carol Kottom, Governing Rules Chairman

**(Do Not Write Below This Line)**

Routing

1. \_\_\_\_\_ Committee \_\_\_\_\_ Rejected \_\_\_\_\_ Approved \_\_\_\_\_ Amended \_\_\_\_\_  
2. \_\_\_\_\_ Committee \_\_\_\_\_ Rejected \_\_\_\_\_ Approved \_\_\_\_\_ Amended \_\_\_\_\_

Amendment

Convention Action

Date: \_\_\_\_\_

Signature \_\_\_\_\_  
Department Chairman