



# American Legion Auxiliary

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## 2019-20 UNIT OFFICERS' LIST

The Department is in the process of compiling the 2019-20 Unit mailing list. We are in **immediate** need of the following names/addresses from your Unit for the 2019-20 Auxiliary year. **Please type or print** each person's name/address. Please be certain you have the **current/complete** address for each person. Please send one copy into the Department Office and one copy to your District President (or your District President-elect) by June 12<sup>th</sup>. Thanks for your cooperation. You may also submit this via email to: [deptoffice@mnala.org](mailto:deptoffice@mnala.org) (form can be found on our website)

UNIT # \_\_\_\_\_ UNIT LOCATION \_\_\_\_\_ DISTRICT # \_\_\_\_\_

Unit Mailing Preference: Mail \_\_\_\_\_ or Email \_\_\_\_\_

**President:** Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

**Secretary:** Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

**Treasurer:** Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

**Membership Chairman:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

**Dues Remit to (if Different from Membership Chairman):** \_\_\_\_\_

**Please complete this form even if your 2019-20 officers are the same as your 2018-19 officers.**

**NO 2020 Membership cards will be sent to your Unit until we have received this list from you.**

**\*\*\*Unit mailing will be sent to the Unit President, unless otherwise indicated by you.\*\*\***

If your Unit has an active Junior Program please write the name of the Honorary Junior President below

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