



AMERICAN LEGION AUXILIARY
DEPARTMENT OF NORTH CAROLINA



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2020-2021 UNIT OFFICER LIST

UNIT # _____ NAME/LOCATION _____

PRESIDENT:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (LANDLINE) _____ (CELL) _____

VICE-PRESIDENT:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (LANDLINE) _____ (CELL) _____

SECRETARY:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (LANDLINE) _____ (CELL) _____

TREASURER:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (LANDLINE) _____ (CELL) _____

DUES REMIT TO: (Address that National Office will use for the renewal notices)

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (LANDLINE) _____ (CELL) _____

MEMBERSHIP CHAIR: (Person who prepares the dues transmittals)

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (LANDLINE) _____ (CELL) _____

GIRLS STATE CHAIR:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (LANDLINE) _____ (CELL) _____

CHAPLAIN:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (LANDLINE) _____ (CELL) _____

OTHER UNIT OFFICER:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (LANDLINE) _____ (CELL) _____

PLACE OF MEETING: _____

DATE OF MEETING: (Ex. 2nd Tues.) _____

TIME OF MEETING: _____

IF YOU HAVE A POST HOME, PLEASE GIVE BRIEF, BUT SPECIFIC DIRECTIONS, AND GIVE ACTUAL STREET ADDRESS, ETC.
