

**District Officers For: 2026-2027**

DISTRICT# \_\_\_\_\_

**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF GEORGIA**

**3035 Mt Zion Road**

**Stockbridge, Georgia, 30281-4101**

**Phone - (678) 289-8446 Fax – (678) 289-9496**

**secamlegaux@bellsouth.net and amlegaux@bellsouth.ent**

**To: All District Presidents: After the election of your District Officers for the coming year,  
THIS FORM MUST BE COMPLETED AND RETURNED TO Department Headquarters  
IMMEDIATELY, but **no later than June 5.****

**President** \_\_\_\_\_ Unit # \_\_\_\_\_ Member ID# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E Mail \_\_\_\_\_

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**First Vice President** \_\_\_\_\_ Unit # \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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**Second Vice President** \_\_\_\_\_ Unit # \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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**Secretary** \_\_\_\_\_ Unit # \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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**Treasurer** \_\_\_\_\_ Unit # \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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**Historian** \_\_\_\_\_ Unit # \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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**Chaplain** \_\_\_\_\_ Unit# \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

# Nominees for National Convention Delegate and Alternate Delegate

**DISTRICT** \_\_\_\_\_

Please ensure all those seeking election first at the DISTRICT CONVENTION, read the Georgia Policy on National Convention found at <https://www.aladeptga.com/governing-documents> before the district election. It is important that those listed below understand the time and financial commitment along with the expectations of representing the Department of Georgia at the National Convention.

## **Nominee for Delegate–National Convention (Elected by the District)**

Name \_\_\_\_\_ Unit # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

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## **Nominee for Alternate Delegate–National Convention (Elected by the District)**

Name \_\_\_\_\_ Unit # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**IF YOUR DISTRICT DOES NOT HAVE A DELEGATE OR ALTERNATE THAT  
IS COMMITTED TO ATTEND THE NATIONAL CONVENTION,  
[PLEASE DO NOT ENTER A NAME/S ABOVE.](#)  
THE PERSON/S LISTED ABOVE ARE MAKING A TIME AND FINANCIAL  
COMMITMENT TO REPRESENT THE DEPARTMENT.**