

District Officers For: 2025-2026

DISTRICT# _____

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF GEORGIA**

3035 Mt Zion Road

Stockbridge, Georgia, 30281-4101

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

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**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 10.****

President _____ Unit # _____ Member ID# _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Fax _____ E Mail _____

First Vice President _____ Unit # _____ Email _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Second Vice President _____ Unit # _____ Email _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Secretary _____ Unit # _____ Email _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Treasurer _____ Unit # _____ Email _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Historian _____ Unit # _____ Email _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

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.aladepgga.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.**