American Legion Auxiliary Department of South Dakota Unit Officers & Chairs Fiscal Year: 2024-2025

Unit #:	Town:		District #:	Please list all information for all officers	
Office:	Name:	Address, City, State Zip)	E-Mail:	Cell Phone:
President					
1st Vice President					
2nd Vice President					
Secretary					
Treasurer					
Chaplain					
Historian					
Parliamentarian					
Unit Dues Remit To					
Regular Unit Mee	eting Date/Time:				
No Meetings in T	hese Months:				
Send to: American L	egion Auxiliary Department of	South Dakota, PO Box 983, Mitchel	l, SD 57301 or southdakota	nala@gmail.com Send a copy to y	our District President
Unit Secretary Sig	gnature:			Date:	

Chair:	Name:	Address, City, State Zip	E-Mail:	Cell Phone:
Auxiliary Emergency Fund				
Americanism				
Children & Youth				
Community Service				
Constitution and By- laws				
Education				
Girls State				
Junior Activities				
Leadership				
Legislative				
Membership				
National Security				
Past President's Parley				
Poppy				
Public Relations				
Sargent at Arms				
VA & R				

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