

DEPARTMENT OFFICERS and CHAIRMEN PERSONAL INFORMATION FORM

American Legion Auxiliary, Department of Nebraska

The information collected on this form will be used for official records and for use in the Official Directory

Please fill out this form and return to:

A.L.A. Department Headquarters
PO Box 5227, Lincoln, NE 68505

or

email info: neaux@windstream.net or fax to: 402-466-0182

Personal information for the position of: _____

Name as you want it printed: _____

examples: Jane Doe Jane E Doe Mrs John Doe, Jane Jane Doe (John) Ms Jane Doe

Husband's Name: _____

Address where you receive mail: _____

City: _____ State _____ Zip _____

Unit #: _____ Unit town _____

Home phone: _____
Area code _____

Cell phone: _____
Area code _____

Work phone: _____ (only if you can receive calls at work)
Area code _____

Fax number: _____
Area code _____

Email address: _____

Date of birth: _____
Month Day

Due date is no later than August 1st

Please sign here _____
if permission is granted to display this information on the Nebraska Auxiliary Website.