



American Legion Auxiliary

Department of Nevada

4030 Bobolink Cir., Reno, NV 89508

Please complete this form notifying Department Headquarters of all announced candidates for Department Offices for the upcoming Auxiliary year. Please send this form in with your credentials form back to Department Headquarters. This DOESN'T replace a letter of intent and notifying the units is the candidate's responsibility. This is to help the Department Office prepare for the convention.

ANNOUNCED CANDIDATES FROM UNIT _____

Office: _____

Name of candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary phone: (____) _____ Cell phone: (____) _____

Email (required): _____

Office: _____

Name of candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary phone: (____) _____ Cell phone: (____) _____

Email (required): _____

Office: _____

Name of candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary phone: (____) _____ Cell phone: (____) _____

Email (required): _____

ANNOUNCED CANDIDATES FROM UNIT _____

Office: _____

Name of candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary phone: (____) _____ Cell phone: (____) _____

Email (required): _____

Office: _____

Name of candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary phone: (____) _____ Cell phone: (____) _____

Email (required): _____

Office: _____

Name of candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary phone: (____) _____ Cell phone: (____) _____

Email (required): _____

Office: _____

Name of candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary phone: (____) _____ Cell phone: (____) _____

Email (required): _____