



# American Legion Auxiliary

## Department of Nevada

4030 Bobolink Cir., Reno, NV 89508

Do you or someone in your unit really enjoy working a specific program or programs? Are you or do you have an innovative and creative person who helps motivate others in your unit work Auxiliary programs? Would you or one of your members be interested in serving as a Department Committee Chair? We would love to help you and them get the tools and the information to help develop our programs and motivate others to work these programs within the Units. Help us identify our leaders!

POSSIBLE FUTURE COMMITTEE CHAIRS FROM UNIT \_\_\_\_\_

Name of potential Chair: \_\_\_\_\_

Committees of Interest: \_\_\_\_\_

Address: \_\_\_\_\_

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

Primary phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Email (required): \_\_\_\_\_

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Name of potential Chair: \_\_\_\_\_

Committees of Interest: \_\_\_\_\_

Address: \_\_\_\_\_

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

Primary phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Email (required): \_\_\_\_\_

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

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Email (required): \_\_\_\_\_

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Name of potential Chair: \_\_\_\_\_

Committees of Interest: \_\_\_\_\_

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Primary phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Email (required): \_\_\_\_\_

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Name of potential Chair: \_\_\_\_\_

Committees of Interest: \_\_\_\_\_

Address: \_\_\_\_\_

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

Primary phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Email (required): \_\_\_\_\_

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