

**American Legion Auxiliary GIRLS STATE APPLICATION REQUEST FORM**

**DEADLINE FOR REQUEST FORM TO BE RETURNED: FEBRUARY 1**

UNIT NAME, NUMBER, & LOCATION \_\_\_\_\_

PLEASE SEND \_\_\_\_\_ APPLICATIONS (Limit - 6 per Unit)  
(Number)

If additional applications are available, how many could you use? \_\_\_\_\_

APPLICATIONS TO:

Name \_\_\_\_\_

Street/Box \_\_\_\_\_

City \_\_\_\_\_ & Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_  
(Area Code) Number

e-mail address \_\_\_\_\_

Return form to: American Legion Auxiliary  
Department Headquarters  
PO Box 25726  
Raleigh, NC 27611

(Do not fill out below - this is for office use only.)

=====

**DO NOT CUT - RETURN WHOLE SHEET**

Date request received \_\_\_\_\_

Application numbers sent \_\_\_\_\_

Date sent \_\_\_\_\_

Completed application numbers received \_\_\_\_\_

Application numbers not used \_\_\_\_\_

Date returned completed applications \_\_\_\_\_