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.)

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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_____

Revised 10-29-2015