

American Legion Auxiliary

## District / County / Council CHARTER APPLICATION

We, the Department of		, hereby	, hereby certify that			
			(Distr	rict/County/Council & N	Jumber)	
is eligible for a charter under Article I, Organization, Section 4 of the national bylaws of the American Legion Auxiliary, as amended by the 2012 National Convention, which reads:						
	"Departments shall have authority to act as a liaison between such org American Legion Auxiliary."	anizations and for th	e purpose of promo		the	
Depa	rtment:					
District/County/Council:			No.:			
A	Address:					
C	City:	State:	Zip:			
by the AUX	ereby request the issuance of a permane Department Executive Committee. W ILIARY and to comply with all rules an RICAN LEGION AUXILIARY.	e hereby further agree	e to uphold the prin	ciple of the AMERICA	AN LEGION	
	FIRS	T ENDORSEMEI	NT (Department)	)		
Comp	lete, date, sign, and send to National Hea	adquarters	Date	, 20	)	
To:	American Legion Auxiliary Nation 3450 Founders Rd. Indianapolis, IN 46268	nal Headquarters				
I certi	ify that I have examined the foregoing	g application and rec	ommend the appro	val thereof.		
Chart	er to be issued under the name of:			No.		
		(Name	of District/County/C	ouncil)		
D	Department of			Department Sec	cretary Signature	
	SEC	OND ENDORSE	<b>MENT</b> (National)			
To:	President, American Legion Auxil	iary, Department of <u></u>				
Appro	oved with recommendation that a cha	rter be issued.	Date	, 20	)	
				National Sec	cretary Signature	