

**AMERICAN LEGION AUXILIARY**

**Department of California**

***UNIT AMENDMENT(S) TO BYLAWS***

Send five (5) copies to: Department Constitution and Bylaws Chairman

NAME OF UNIT \_\_\_\_\_ NO. \_\_\_\_\_ DISTRICT # \_\_\_\_\_

ARTICLE \_\_\_\_\_ SECTION \_\_\_\_\_ Amended to read:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE \_\_\_\_\_ SECTION \_\_\_\_\_ Amended to read:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Reading: \_\_\_\_\_ Date \_\_\_\_\_ Second Reading and Adoption \_\_\_\_\_ Date \_\_\_\_\_

ATTESTED TO: \_\_\_\_\_  
Unit Constitution & Bylaws Chairman \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Unit President \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Department Constitution & Bylaws Chairman \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department President \_\_\_\_\_ Date \_\_\_\_\_

Name, address and phone number of Unit Member to contact and/or return Amendment to Bylaws.

Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Phone (include Area Code): \_\_\_\_\_

E-Mail, if available: \_\_\_\_\_