

**PROGRAM: CONSTITUTION & BYLAWS**

Unit Annual Narrative Report 2016-2017

Department of Wisconsin

Unit Number and Name \_\_\_\_\_ District \_\_\_\_\_

Unit City \_\_\_\_\_ Unit President's Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. How often do the members review the Unit's Constitution and Bylaws? \_\_\_\_\_

2. When were the Unit's Constitution and Bylaws last updated? \_\_\_\_\_

3. Has your Unit sponsored any Constitution & Bylaws activities  Yes  No  
If so, what were those activities?

4. Were the Unit's Constitution & Bylaws reviewed by the Department Constitution & Bylaws Chairman?  Yes  No

5. Is the latest version of the Unit's Constitution & Bylaws on file at Department Headquarters?  Yes  No  
If not, please attach the latest version to this report.

**Please list any additional information you would like to share regarding the Unit's Constitution & Bylaws**  
(continue on the back or add a separate piece of paper if necessary).

**Please Complete and Return by APRIL 14, 2017 to:**

American Legion Auxiliary, Dept of Wisconsin  
PO Box 140, Portage, WI 53901-0140