

PROGRAM: STANDING RULES
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 Standing Rules? _____
2. When were the Unit's Standing Rules last updated? _____
3. Were the Unit's Standing Rules reviewed by the
Department Standing Rules Chairman? Yes No
4. Is the latest version of the Unit's Standing Rules
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 Standing Rules
(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