

**PROGRAM: STANDING RULES**  
Unit Annual Narrative Report 2017-2018  
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 13, 2018 to:**

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