



## Legislative

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The award application must include the cover sheet. All awards will be announced at National Convention during the Legislative pre-convention meetings.

**Unit Award:** Unit Legislative Award

**Type of Award:** Citation

**Presented to:** One unit in each division (5 overall awards)

**Materials and Guidelines:**

- Entries must include the award cover sheet located in this packet.
- For the most outstanding overall legislative program in the division.
- Each entry must be typewritten in narrative form and must tell the story of legislative activism and how it made a difference in the lives of veterans and their families.
- Include pictures and newspaper articles.
- Units should submit their entry to their department chairman by May 15, 2017.

Attach an award cover sheet, including the name of the award, as well as the name and contact information for the department and unit Legislative chairman.



## American Legion Auxiliary 2016-2017 National Award Cover Sheet

This cover sheet should be attached to each narrative submitted for a national award. Please fill out the information as completely and accurately as possible.

Award certificates will be completed using the information given on this sheet, so please write carefully. All awards will be mailed to the department office after national convention. Department presidents may wish to recognize award recipients by presenting them at a department function.

National committee sponsoring award: LEGISLATIVE

Type of Award:            Department            Unit            Member

Name of the award you are applying for: \_\_\_\_\_

**Complete the following if you are applying for a department award:**

Name of department: \_\_\_\_\_

Name of department chairman: \_\_\_\_\_

Chairman's phone number: (\_\_\_\_\_)\_\_\_\_\_ ALA member ID#: \_\_\_\_\_

Chairman's email address: \_\_\_\_\_

**Please complete the following if you are applying for a unit award.** Be sure to give the complete name of your unit. The award certificate will be prepared using the information you include below.

Unit #: \_\_\_\_\_ Full official unit name: \_\_\_\_\_

Name of department: \_\_\_\_\_

Unit president/chairman (circle one) name: \_\_\_\_\_

Phone number: (\_\_\_\_\_)\_\_\_\_\_ ALA member ID#: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please complete the following if you are applying for a member award.** Be sure to give the complete name of the member. The award certificate will be prepared using the information you include below.

Unit #: \_\_\_\_\_ Full official unit name: \_\_\_\_\_

Name of department: \_\_\_\_\_

Member Name: \_\_\_\_\_ ALA member ID#: \_\_\_\_\_

Nominating Member (if different from above): \_\_\_\_\_

Nominator's Phone number: (\_\_\_\_\_)\_\_\_\_\_

Nominator's Email address: \_\_\_\_\_