



American Legion Auxiliary-Department of Wisconsin
97th Annual American Legion Auxiliary Convention



RESOLUTION

Submitted by:

Unit Name: _____ City _____ Unit # _____ Dist. # _____

Contact Name: _____ Phone # (____) _____

Subject: _____ Date: _____

Resolution # _____

Program: _____

Signature of UNIT President/Secretary: _____ Date: _____

Signature of DISTRICT President/Secretary: _____ Date: _____

FOR DEPARTMENT USE ONLY:

Committee Chairman Name & Signature

_____ Date: _____ Approved Rejected Revised

_____ Date: _____ Approved Rejected Revised

_____ Date: _____ Approved Rejected Revised

Convention Action: Approved Rejected Date: _____