



ALA Rock Stars Contact Form

Department: _____

Name & contact information of person completing form:

Do you know a member or unit that is doing extraordinary work for the American Legion Auxiliary? Include their contact information below and submit to the National Membership Committee. They may be interviewed to be included in national publications such as the monthly membership newsletter, the eNews or eBulletin.

Individual Member Being Nominated:

Name & Unit: _____

Phone: _____

Email: _____

Mailing Address: _____

Unit Being Nominated:

Unit Number & City/State: _____

Contact Person: _____

Phone: _____

Email: _____

Mailing Address: _____

Why are they an ALA Rock Star? (Use back or separate sheet if needed)

