Shining Star Contact Form

Department:
Name 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 Vice Chairman. They may be interviewed to be included in national publications such as the monthly membership newsletter, the E-News or Ebulletin.

Individual Member

Name: _____

Phone: _____

Email: _____

Mailing Address: _____

_____

Check One:

- ☐ Seasoned Member (*more than 1 year*)
- ☐ New Member
- ☐ Recruiter

Unit

Unit Name & Number: _____

Contact Person: _____

Phone: _____

Email: _____

Mailing Address: _____

_____

Submit forms to National Membership Committee Vice Chairman:
Donna Ray, 5724 Willnean Dr., Milford, OH 45150; rrayent@aol.com