

**American Legion Auxiliary - Department of New York
Past President's Parley
COUNTY REPORT FORM**

County Name _____ District: _____

County Parley's Chairman's Name: _____

Chairman's Address: _____

Email _____ Home Phone _____

Number of Past Presidents in your County: _____

Number with Parley Dues Paid: _____

Number of Female Veterans Served: _____ \$ Value: _____

List activities under Past President's Parley: _____

Number of Scholarships awarded in Medical Field: _____ \$ Value: _____

Are you promoting Unit Member of the Year? _____

How: _____

Total Hours Under this Committee: _____ Total \$ Value: _____

List all other activities: _____

List any additional activities on page 2

Report to be received by Dept. Chairman: November 10, 2009, March 10, 2010, May 10, 2010

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