

**American Legion Auxiliary - Department of New York
Past President's Parley Committee
UNIT Report Form**

Unit Name: _____ Unit Number: _____

County: _____ District: _____

Parley Chairman Name: _____

Address: _____

Number of Past Presidents in your Unit _____

Number with Dues Paid: _____

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

Activities: _____

Scholarships Donated Medical/Nursing Field: _____ \$ Value: _____

Are you promoting Unit Member of the Year? _____

How: _____

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

List all other activities: _____

Reporting Procedure:

UNIT Chairmen: Report to your County Chairman by: November 1, 2009, March 1, 2010, May 1, 2010

