

AMVETS LADIES AUXILIARY # _____ BYLAWS

TO: AMVETS Ladies Auxiliary Department Parliamentarian:

(Please complete the appropriate section.)

Our auxiliary bylaws were reviewed at a regular meeting dated _____

- (1) This letter certifies that the bylaws of Auxiliary # _____ are complete and require no change at this time.

- (2) This letter certifies that the bylaws of Auxiliary # _____ were amended. (Please attach a note explaining the amendments.) **(Please forward four (4) copies of the amended bylaws along with four (4) copies of this form.)**

Approved:

Auxiliary President

Date

Auxiliary Parliamentarian

Date

Approved:

Department President

Date

Department Parliamentarian

Date

Next review of your Auxiliary Bylaws is _____ - _____

Revised September, 2012