

## Legislative Council Application

The American Legion Auxiliary's National Legislative Council serves as a complimentary council to The American Legion's National Legislative Council. Both councils are called upon by The American Legion to advocate on behalf of veterans, service members and their families.

Each member of the council is tasked with serving as a liaison between the Legion/Auxiliary and a member(s) of Congress. Each nominee should be on friendly terms (preferably have a personal relationship) with either the member of Congress or one of their staff members, so that she can communicate, either by letter, email, phone or in person the priorities of The American Legion.

Department Presidents use this form to make nominations for the Auxiliary's National Legislative Council. Signing this form indicates that (a) you have discussed this appointment with the member and (b) she is comfortable with the responsibilities. This information is submitted to the National Legislative Committee for review prior to appointment to the National Legislative Council.

### ***Council Appointee:***

Name of Council Appointee: \_\_\_\_\_

Auxiliary Member Number: \_\_\_\_\_ Unit #: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP + 4: \_\_\_\_\_

Phone—Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

EmailAddress: \_\_\_\_\_

### ***Congressional Information:***

State: \_\_\_\_\_ Congressional District: \_\_\_\_\_ Name of

Congress Member: \_\_\_\_\_

What personal/professional contact have you had with this member or a member of his/her staff?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ***Department President Authorization:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_