

AMERICAN LEGION AUXILIARY
RESOLUTION

SUBMITTED BY:

SUBJECT:

DATE:

RESOLUTION NO. _____
(Assigned by Resolutions Committee)

Routing:

Committee Chairman Name and Signature

_____	Recommend <input type="checkbox"/>	Not Recommend <input type="checkbox"/>	Recommend with Amendment <input type="checkbox"/>
_____	Recommend <input type="checkbox"/>	Not Recommend <input type="checkbox"/>	Recommend with Amendment <input type="checkbox"/>
_____	Recommend <input type="checkbox"/>	Not Recommend <input type="checkbox"/>	Recommend with Amendment <input type="checkbox"/>

Convention Action:	Approved _____	Rejected _____	Date _____
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