**UNIT #**



**AMERICAN LEGION AUXILIARY**

**DEPARTMENT OF OHIO, INC.**

PO BOX 2760

## ZANESVILLE OH 43702-2760 CERTIFICATION OF UNIT OFFICERS FOR 2016-2017

**MANDTORY!!! MUST BE COMPLETED WITH OR WITHOUT CHANGES**

This form must be completed by a Unit Officer immediately following election of Unit Officers and returned to Department Headquarters on or before **June 1, 2016**. If you’re Unit fails to return this form to Department Headquarters YOUR UNIT WILL NOT RECEIVE MAIL FROM DEPARTMENT. This includes Presidents, Secretaries, Unit Membership and Buckeye Girls State information. **PLEASE TYPE OR PRINT CLEARLY. MEMBER ID #’s ARE REQUIRED.**

**DISTRICT #\_\_\_\_\_\_\_\_ UNIT #\_\_\_\_\_\_\_\_ UNIT NAME CITY COUNTY**

**UNIT PRESIDENT** MEMBER ID #

MAILING ADDRESS

City State Zip + 4

PHONE NO. ( ) EMAIL ADDRESS

**UNIT SECRETARY** MEMBER ID #

MAILING ADDRESS

City State Zip + 4

PHONE NO. ( ) EMAIL ADDRESS

**UNIT TREASURER** MEMBER ID #

MAILING ADDRESS

City State Zip + 4

PHONE NO. ( ) EMAIL ADDRESS

**UNIT MEMBERSHIP** MEMBER ID #

This person is to receive ALL Membership mail, including receipts.

MAILING ADDRESS

City State Zip + 4

PHONE NO. ( ) EMAIL ADDRESS

PLACE AND ADDRESS WHERE UNIT MEETINGS ARE HELD

DAY OF MONTH OF UNIT MEETING TIME OF UNIT MEETING

**CHANGES MUST BE SUBMITTED IN WRITING BY THE UNIT PRESIDENT. CHANGES BY PHONE WILL NOT BE ACCEPTED.**

### COMPLETED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ivory)