



**AMERICAN LEGION AUXILIARY
DEPARTMENT OF OHIO, INC.
PO BOX 2760
ZANESVILLE OH 43702-2760**

UNIT # _____

CERTIFICATION OF UNIT OFFICERS FOR 2015-2016

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, 2015**. 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 _____