



**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF OHIO, INC.  
PO BOX 2760  
ZANESVILLE OH 43702-2760  
(740) 452-8245**      **CERTIFICATION OF UNIT OFFICERS FOR 2017-2018**

**UNIT #** \_\_\_\_\_

**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, 2017**. 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** \_\_\_\_\_