



**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 \_\_\_\_\_**