



AMERICAN LEGION AUXILIARY, DEPARTMENT OF OHIO, INC.  
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Unit \_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_\_ Ohio \_\_\_\_\_ National  
 \_\_\_\_\_ Membership Packet Mailed

**2023-2024 CERTIFICATION OF OFFICERS  
 MANDATORY!!! 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, 2023. If your Unit fails to return this form to Department Headquarters **YOUR UNIT WILL NOT RECEIVE MAIL FROM DEPARTMENT.** This includes Presidents, Secretaries, Treasurers, Unit Membership and Buckeye Girls State information. **PLEASE TYPE OR PRINT CLEARLY. MEMBER ID#s ARE REQUIRED. PLEASE INCLUDE EMAILS.**

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

**UNIT PRESIDENT NAME**

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**UNIT PRESIDENT ID NUMBER**

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**UNIT PRESIDENT E-MAIL ADDRESS**

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**UNIT PRESIDENT MAILING ADDRESS**

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**UNIT PRESIDENT CITY, STATE AND ZIP**

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**UNIT PRESIDENT PHONE NUMBER**

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**UNIT SECRETARY NAME**

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**UNIT SECRETARY ID NUMBER**

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**UNIT SECRETARY E-MAIL ADDRESS**

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**UNIT SECRETARY MAILING ADDRESS**

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**UNIT SECRETARY CITY, STATE AND ZIP**

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**UNIT SECRETARY PHONE NUMBER**

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**UNIT TREASURER NAME**

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**UNIT TREASURER ID NUMBER**

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**UNIT TREASURER E-MAIL ADDRESS**

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**UNIT TREASURER MAILING ADDRESS**

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**UNIT TREASURER CITY, STATE AND ZIP**

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**UNIT TREASURER PHONE NUMBER**

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**UNIT MEMBERSHIP NAME**

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**UNIT MEMBERSHIP ID NUMBER**

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**UNIT MEMBERSHIP E-MAIL ADDRESS**

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**UNIT MEMBERSHIP MAILING ADDRESS**

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**UNIT MEMBERSHIP CITY, STATE AND ZIP**

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**UNIT MEMBERSHIP PHONE NUMBER**

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PLACE AND ADDRESS WHERE UNIT MEETINGS ARE HELD \_\_\_\_\_

DAY OF MONTH OF UNIT MEETING \_\_\_\_\_ TIME OF UNIT MEETING \_\_\_\_\_

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

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

