



AMERICAN LEGION AUXILIARY, DEPARTMENT OF OHIO, INC.
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Unit _____

FOR OFFICE USE ONLY

_____ Ohio _____ National

_____ Membership Packet Mailed

**2024-2025 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, 2024. 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

UNIT PRESIDENT ID NUMBER

UNIT PRESIDENT E-MAIL ADDRESS

UNIT PRESIDENT MAILING ADDRESS

UNIT PRESIDENT CITY, STATE AND ZIP

UNIT PRESIDENT PHONE NUMBER

UNIT SECRETARY NAME

UNIT SECRETARY ID NUMBER

UNIT SECRETARY E-MAIL ADDRESS

UNIT SECRETARY MAILING ADDRESS

UNIT SECRETARY CITY, STATE AND ZIP

UNIT SECRETARY PHONE NUMBER

UNIT TREASURER NAME

UNIT TREASURER ID NUMBER

UNIT TREASURER E-MAIL ADDRESS

UNIT TREASURER MAILING ADDRESS

UNIT TREASURER CITY, STATE AND ZIP

UNIT TREASURER PHONE NUMBER

UNIT MEMBERSHIP NAME

UNIT MEMBERSHIP ID NUMBER

UNIT MEMBERSHIP E-MAIL ADDRESS

UNIT MEMBERSHIP MAILING ADDRESS

UNIT MEMBERSHIP CITY, STATE AND ZIP

UNIT MEMBERSHIP PHONE NUMBER

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 _____

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MEMBERSHIP PACKET

Picked up at _____ **Department Convention** _____ **Date**
 _____ **Office** _____ **Date**
 _____ **Mailed** _____ **Date**

Printed Name _____

Signature _____