

AMERICAN LEGION AUXILIARY DEPARTMENT OF OHIO, INC. PO BOX 2760 ZANESVILLE OH 43702-2760 (740) 452-8245 CERTIFICATION OF UNIT OFFICERS FOR 2022-2023

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 <u>June 1, 2022</u>. 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 | | | |
| | | 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 | <u>.</u> | | | | |
| | | City | State | Zip + 4 | |
| PHONE NO. (|) | EMAIL ADDRESS | | | |
| UNIT MEMBERSHI | Р | | MEMBER ID # | | |
| | This person is to receive ALL Membership ma | ail, including receipts. | | | |
| MAILING ADDRESS | | | | | |
| | | City | State | Zip + 4 | |
| PHONE NO. (|) | EMAIL ADDRESS | | | |
| PLACE AND ADDRE | ESS WHERE UNIT MEETINGS ARE HEL | .D | | | |
| DAY OF MONTH OF | UNIT MEETING | TIM | E OF UNIT MEETING | | |
| CHANGES | MUST BE SUBMITTED IN WRITIN | NG BY THE UNIT PRE | SIDENT. CHANGES BY | PHONE WILL NOT BE ACCEPTED | • |
| COMPLETED BY | | TITLE | | DATE | |