

IMPORTANT

2017-2018

UNIT President, Secretary & Membership Chairman

PRINT Please. FILL THIS FORM OUT IMMEDIATELY AFTER YOUR ELECTIONS ARE HELD. Make sure to fill in ALL that is requested. Mail **ASAP**.

UNIT# _____ UNIT TOWN/CITY _____ DISTRICT # _____

MEETING: PLACE _____ TIME _____ WHAT DAY _____
Address _____ (such as 1st Mon. 3rd)

UNIT PRESIDENT _____ Email _____

Address _____ Town _____ Zip _____

Phone w/area code (H) _____ (C) _____ (W) _____

UNIT SECRETARY _____ Email _____

Address _____ Town _____ Zip _____

Phone w/area code (H) _____ (C) _____ (W) _____

MEMBERSHIP CH _____ Email _____

Address _____ Town _____ Zip _____

Phone w/area code (H) _____ (C) _____ (W) _____

This information has to be typed into the ALAMIS database, so please get it to the office as soon as you can. Thank you for your cooperation.

Mail to: American Legion Auxiliary
Department of Ct.
PO Box 266
Rocky Hill, Ct. 06067-0266
ctaladept@gmail.com

2017-2018 UNIT OFFICERS

Unit Secretaries: Please fill in names, addresses and telephone numbers below and return as soon as possible to your **DISTRICT SECRETARY & the Department Office.**

Unit # _____ Name _____ Location _____ District _____
(Please type or print clearly)

President _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Jr. Past President _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

First V. Pres. _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Second V. Pres. _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Secretary _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Treasurer _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Chaplain _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Historian _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Sgt-at-Arms _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Asst. Sgt-at-Arms _____ Address _____
City _____ Zip +4 _____ Tel: (____) _____ Cell: (____) _____
E-mail _____

Unit meetings are held: Day _____ Time: _____

Address of Post or Meeting Place: _____