

2021-2022 Unit Officers Form

Return A.S.A.P

AMERICAN LEGION AUXILIARY
DEPARTMENT OF WISCONSIN
PO Box 140, Portage WI 53901
Ofc: 608-745-0124 • Fax: 608-745-1947
Email: alawi@amlegionauxwi.org

Unit City Location _____ Unit # _____

County _____ Dist # _____

Meeting Location/ date & time _____

DO NOT LEAVE ANY POSITIONS BLANK

- Department **REQUIRES** a contact person (even if it is temporary) for each of the positions listed.
- (Please designate **ONE PERSON** to receive Unit mailings and other important Unit information)

President's Name _____ Membership ID # _____

Mailing Address _____ City _____ Zip _____

Home _____ Work Cell : _____

Email _____

Does the Unit have a Co-President? If so, please include contact information on back of this form.

Secretary's Name _____ Membership ID # _____

Mailing Address _____ City _____ Zip _____

Home _____ Work Cell : _____

Email _____

Treasurer's Name _____ Membership ID # _____

Mailing Address _____ City _____ Zip _____

Home _____ Work Cell : _____

Email _____

➤ (Dues Remit To Person - name & address will be printed on the members' payment dues reminders sent from National)

➤ **Renewal Notice Name** _____ Membership ID # _____

Mailing Address _____ City _____ Zip _____

Home _____ Work Cell : _____

Email _____

➤ Complete - If Dues Mailing address is different from mailing address above

➤ Dues Mailing Address/City/State/Zip _____

➤ (**The person in the UNIT** who will receive ALABGS information. **DO NOT put the delegate's name here**)

➤ **ALABGS Chairman's Name** _____ Membership ID # _____

Mailing Address _____ City _____ Zip _____

Home _____ Work Cell : _____

Email _____

Signed _____ Date _____

Person submitting form