



# Unit \_\_\_\_\_ District \_\_\_\_\_ Officers and Chairman List 20\_\_\_\_ -

(Due to Department by June 30)

*These Officers are to be installed on \_\_\_\_\_ (date) and shall assume office upon close of Department Convention.*

*Our Unit meets on \_\_\_\_\_ (day of the week) at \_\_\_\_\_ (time) at \_\_\_\_\_ (address).*

*\_\_\_\_\_ The below listed members are in good standing and dues have been remitted to members own unit **no later than Dec 1.***

President

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Vice President

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Membership

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Secretary

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Chaplain

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Remit to

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Historian

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Treasurer

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Americanism

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Aux. Emerg.

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Fund

Email/Address if no email \_\_\_\_\_

Children &

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Youth

Email/Address if no email \_\_\_\_\_

Community

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Service

Email/Address if no email \_\_\_\_\_

Const. & Bylaws

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Edu. &

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Scholarships

Email/Address if no email \_\_\_\_\_

GIRLS STATE

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Junior Activities

Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone \_\_\_\_\_

Email/Address if no email \_\_\_\_\_

Leadership	Name _____ Member # _____ Phone _____ Email/Address if no email _____
Legislative	Name _____ Member # _____ Phone _____ Email/Address if no email _____
National Security	Name _____ Member # _____ Phone _____ Email/Address if no email _____
Poppy	Name _____ Member # _____ Phone _____ Email/Address if no email _____
Public Relations	Name _____ Member # _____ Phone _____ Email/Address if no email _____
Sergeant-at Arms	Name _____ Member # _____ Phone _____ Email/Address if no email _____
VA & R	Name _____ Member # _____ Phone _____ Email/Address if no email _____

Email: secretary@walegion-aux.org

Department mailing address: ALA Department of Washington  
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