



District Officers Form 2026-2027 (due June 30)

UNIT _____ # _____ DISTRICT # _____

PRESIDENT

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

VICE PRESIDENT

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

HISTORIAN

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

CHAPLAIN

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		



SECRETARY

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

TREASURER

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

MEMBERSHIP

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

REMIT TO

NAME	STREET ADDRESS	CITY	ZIP
PHONE #	E-MAIL (IF APPLICABLE)		

These officers to be installed _____ (date) and shall assume office upon close of Department Convention.

Our District meets on _____ at (time) _____ at (place) _____