

## 2026-2027 Unit Officers

Please complete and return this form to the Department Office immediately following the election of Unit Officers for **2026-2027**. Please complete this form even if your slate of officers will not change for the upcoming administrative year. Verify email addresses and phone numbers before submitting this form.

***Return this form to the Department Office (address-above) no later than June 1, 2026***

**Unit Town:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_  
**Unit Name:** \_\_\_\_\_ **District:** \_\_\_\_\_  
**Time and Date of Unit Meetings:** \_\_\_\_\_  
**Date Unit Officers will take office:** \_\_\_\_\_

**Please provide a complete mailing address for each unit officer.**

**Unit President:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_  
Email: \_\_\_\_\_ Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

**Unit Vice President:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code +4 \_\_\_\_\_  
Email: \_\_\_\_\_ Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

**Unit Secretary:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_  
Email: \_\_\_\_\_ Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

**Unit Treasurer:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_  
Email: \_\_\_\_\_ Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

**Girls State Chairman:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code +4 \_\_\_\_\_  
Email: \_\_\_\_\_ Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

**Membership Chairman:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code +4 \_\_\_\_\_  
Email: \_\_\_\_\_ Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

**Unit Email Contact:** Please provide the email address of one person to serve as a **Unit Email Contact**. This person does not need to be the Unit President. This email address will be used to distribute time-sensitive information quickly.

**Unit Email Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_