

## 2021- 2022 UNIT OFFICERS LIST

Submit to Department Office ASAP!

**\*\*MEMBERSHIP CARDS AND ROSTER WILL BE MAILED WHEN WE RECEIVE THIS FORM\*\***

UNIT NAME \_\_\_\_\_ UNIT NO \_\_\_\_\_

LOCATED \_\_\_\_\_ DISTRICT NO. \_\_\_\_\_

When does your Unit meet: \_\_\_\_\_ What time is your Unit Meeting \_\_\_\_\_

PLEASE TYPE OR PRINT

**President**

MEMBER NUMBER \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

TEL. NO. Required \_\_\_\_\_

EMAIL \_\_\_\_\_

**1<sup>st</sup> Vice Pres.**

MEMBER NUMBER \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

TEL. NO. \_\_\_\_\_

EMAIL \_\_\_\_\_

**Secretary**

MEMBER NUMBER \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

TEL. NO. \_\_\_\_\_

EMAIL \_\_\_\_\_

OVER

**Treasurer**

MEMBER NUMBER NAME

ADDRESS CITY/ZIP

TEL. NO. Required \_\_\_\_\_

EMAIL \_\_\_\_\_

**Chaplain**

MEMBER NUMBER NAME

ADDRESS CITY/ZIP

TEL. NO. \_\_\_\_\_

EMAIL \_\_\_\_\_

**Historian**

MEMBER NUMBER NAME

ADDRESS CITY/ZIP

TEL. NO. \_\_\_\_\_

EMAIL \_\_\_\_\_

**Dues are to be mailed to:**

MEMBER NUMBER NAME

ADDRESS CITY/ZIP

TEL. NO. \_\_\_\_\_

EMAIL \_\_\_\_\_

Send one copy to: ALA Department Headquarters P.O. Box 1426 Bloomington IL 61702-1426

Send second copy to: Your District President