

# International Association Legions of Honor

## 2023 Annual Report

**PLEASE TYPE OR PRINT CLEARLY!** INFORMATION SUBMITTED ON THIS ANNUAL REPORT FORM IS USED FOR OFFICIAL CORRESPONDENCE AND IS ALSO THE SOURCE FOR INFORMATION THAT APPEARS IN THE YEARBOOK.

Shrine Center: \_\_\_\_\_

Total Members in Your Unit as of 31 December 2022: \_\_\_\_\_ Total Dues Submitted \$ \_\_\_\_\_

**NOTE:** The Annual Dues for member units of this Association shall be due and payable on 01 January of each year in the amount of two dollars (\$2.00 US) per unit member, based on membership totals as of 31 December of the preceding year, with a minimum payable of \$30.00 per unit. The only exception to the aforementioned dues will be those holding Honorary Memberships within a unit. **Failure of any unit to pay their annual dues by March 1st of each year, shall cause that unit to be suspended from the IALOH. See IALOH Bylaws, Article VIII, Sections 1 & 2 for complete details.**

Please provide the your Unit Address for Correspondence:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

If your Unit can accept documents by e-mail, enter the e-mail address: \_\_\_\_\_

Your Unit Dues Per Member Per Year: \$ \_\_\_\_\_ Unit Initiation Fee (s): \$ \_\_\_\_\_

Meeting Day (s): \_\_\_\_\_ Dark Months: \_\_\_\_\_ Meeting Location: \_\_\_\_\_

**Current Year Officers:**

**Commander:** \_\_\_\_\_ Lady: \_\_\_\_\_

Street Address: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**1<sup>st</sup> Lt. Commander:** \_\_\_\_\_ Lady: \_\_\_\_\_

Street Address: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Adjutant:** \_\_\_\_\_ Lady: \_\_\_\_\_

Street Address: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please include your dues check payable to **IALOH** with this report and submit both prior to March 1, 2023 to:

**David Smith, PC**  
**International Adjutant**  
**1018 SW Walter Ave.**  
**Lake City, FL 32024**