

# ***International Association Legions of Honor***

## **2017 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 2016:** \_\_\_\_\_. **Amount 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 1<sup>st</sup> 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 Following Information for Your Unit:**

**Unit Mailing Address:** \_\_\_\_\_

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

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

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

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

**Officers:**

**2017 Commander:** \_\_\_\_\_ **Lady:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Branch of Service:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**2017 Adjutant:** \_\_\_\_\_ **Lady:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Branch of Service:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**2017 1<sup>st</sup> Lt. Commander:** \_\_\_\_\_ **Lady:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Branch of Service:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Please include your dues check with this report and submit both prior to **01 March 2016** to:

**Kevin Fox, PMC**

**International Adjutant**

**546 Biscayne Dr**

**Indian Harbour Beach, FL 32937**