

Year: 2019-2020

Unit#: \_\_\_\_\_

Current Roster of Officers

District#: \_\_\_\_\_

Unit Name as it Appears on Charter:

Physical Address: \_\_\_\_\_

City, State Zip \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

City, State Zip \_\_\_\_\_

**\*\*Member #, dues paid through information, and Phone # REQUIRED for all Officers\*\***

President: Name: \_\_\_\_\_ \*Member# \_\_\_\_\_  
Address: \_\_\_\_\_ \*Dues Pd through: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone:(required) \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

First Vice: Name: \_\_\_\_\_ \*Member# \_\_\_\_\_  
Address: \_\_\_\_\_ \*Dues Pd through: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone:(required) \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

Second Vice: Name: \_\_\_\_\_ \*Member# \_\_\_\_\_  
Address: \_\_\_\_\_ \*Dues Pd through: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone:(required) \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

Secretary: Name: \_\_\_\_\_ \*Member# \_\_\_\_\_  
Address: \_\_\_\_\_ \*Dues Pd through: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone:(required) \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

**Year: 2019-2020**

**(Pg. 2) Unit#:** \_\_\_\_\_

**Current Roster of Officers**

**District#:** \_\_\_\_\_

Treasurer: Name: \_\_\_\_\_ \*Member# \_\_\_\_\_  
Address: \_\_\_\_\_ \*Dues Pd through: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone:(required) \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

Historian: Name: \_\_\_\_\_ \*Member# \_\_\_\_\_  
Address: \_\_\_\_\_ \*Dues Pd through: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone:(required) \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

Chaplain: Name: \_\_\_\_\_ \*Member# \_\_\_\_\_  
Address: \_\_\_\_\_ \*Dues Pd through: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone:(required) \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

Sgt@Arms: Name: \_\_\_\_\_ \*Member# \_\_\_\_\_  
Address: \_\_\_\_\_ \*Dues Pd through: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone:(required) \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

Membership: Name: \_\_\_\_\_ \*Member# \_\_\_\_\_  
Address: \_\_\_\_\_ \*Dues Pd through: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone:(required) \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

**Complete this form directly after elections and mail to:**

**Department Headquarters, Attn: Carol Tyson, Department Secretary**

**P O Box 606, Montgomery, AL. 36101**