



Officers List Update

Make a copy of this form and complete it **annually**. It should be filled out by State, Local and Area Local in the same month that the organization normally holds elections, even if you elect the same officers or if your officers will be serving multiple year terms of office. Mail the completed form to the National Auxiliary Secretary and a copy to your National Auxiliary District Coordinator.

Name of Auxiliary: _____

Term of Office Beginning Date: _____ Ending Date: _____

President: _____	V Pres: _____
Phone: _____	Phone: _____
Address: _____	Address: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Email: _____	Email: _____
Outgoing President:	Outgoing Vice President:

Secretary: _____	Treasurer: _____
Phone: _____	Phone: _____
Address: _____	Address: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Email: _____	Email: _____
Outgoing Secretary:	Outgoing Treasurer:

Legislative Aide: _____	Editor: _____
Phone: _____	Phone: _____
Address: _____	Address: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Email: _____	Email: _____
Outgoing Legislative Aide:	Outgoing Editor: