



# 2025-2026 UNIT OFFICERS FORM

## DEPARTMENT OF WISCONSIN

PO Box 140, Portage WI 53901-0140  
Ofc: 608-745-0124 ♦ Fax: 608-745-1947  
Email: alawi@amlegionauxwi.org

Unit City Location \_\_\_\_\_ Unit # \_\_\_\_\_

County \_\_\_\_\_ Dist # \_\_\_\_\_

Meeting Location/Date & Time \_\_\_\_\_

- Units must have this form submitted to Department to be eligible for Unit Membership Awards.
- Please designate **ONE OFFICER** from this form to receive important Unit information.

**Name & Title:** \_\_\_\_\_

**President's Name** \_\_\_\_\_ Member ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Ph # \_\_\_\_\_  Cell  Home Secondary Ph # \_\_\_\_\_  Cell  Home

Email \_\_\_\_\_

**Secretary's Name** \_\_\_\_\_ Member ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Ph # \_\_\_\_\_  Cell  Home Secondary Ph # \_\_\_\_\_  Cell  Home

Email \_\_\_\_\_

**Treasurer's Name** \_\_\_\_\_ Member ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Ph # \_\_\_\_\_  Cell  Home Secondary Ph # \_\_\_\_\_  Cell  Home

Email \_\_\_\_\_

**Membership Dues collection person:** who will receive all membership material & be printed on each Renewal Notice

**Name:** \_\_\_\_\_ Member ID # \_\_\_\_\_

Primary Ph # \_\_\_\_\_  Cell  Home Secondary Ph # \_\_\_\_\_  Cell  Home

Email \_\_\_\_\_

Personal Address or  Unit/Post Address

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**ALABGS Chairman's Name** \_\_\_\_\_ Member ID # \_\_\_\_\_

(**Note:** The person in the **UNIT** who will receive ALABGS information)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Ph # \_\_\_\_\_  Cell  Home Secondary Ph # \_\_\_\_\_  Cell  Home

Email \_\_\_\_\_

Signed \_\_\_\_\_

(Name/Title)

Date \_\_\_\_\_