2026-2027 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

Submit form by Sept. 30, 2026

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 Address or ☐ 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_____ Date_____

(Name/Title)

Revised 5/2026