



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 _____ Date _____

(Name/Title)