

# 2022-2023 Unit Officers Form

## Return A.S.A.P

AMERICAN LEGION AUXILIARY  
DEPARTMENT OF WISCONSIN  
PO Box 140, Portage WI 53901  
Ofc: 608-745-0124 • Fax: 608-745-1947  
Email: alawi@amlegionauxwi.org

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

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

Meeting Location/ date & time \_\_\_\_\_

### DO NOT LEAVE ANY POSITIONS BLANK

- Department **REQUIRES** a contact person (even if it is temporary) for each of the positions listed.
- (Please designate **ONE PERSON** to receive Unit mailings and other important Unit information)

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

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

Home \_\_\_\_\_ Work  Cell : \_\_\_\_\_

Email \_\_\_\_\_

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

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

Home \_\_\_\_\_ Work  Cell : \_\_\_\_\_

Email \_\_\_\_\_

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

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

Home \_\_\_\_\_ Work  Cell : \_\_\_\_\_

Email \_\_\_\_\_

↪ (Dues Remit To Person - name & address will be printed on the members' payment dues reminders sent from National)

↪ **Renewal Notice Name** \_\_\_\_\_ Membership ID # \_\_\_\_\_

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

Home \_\_\_\_\_ Work  Cell : \_\_\_\_\_

Email \_\_\_\_\_

↪ Complete - If Dues Mailing address is different from mailing address above

↪ Dues Mailing Address/City/State/Zip \_\_\_\_\_

↪ (The person in the UNIT who will receive ALABGS information. **DO NOT put the delegate's name here**)

↪ **ALABGS Chairman's Name** \_\_\_\_\_ Membership ID # \_\_\_\_\_

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

Home \_\_\_\_\_ Work  Cell : \_\_\_\_\_

Email \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Person submitting form