# \_\_\_ District Officers List Page 1 For the year of \_\_\_\_\_

District President	District Vice President	District Vice President
Name	Name	Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Daytime Phone		Daytime Phone
Membership #	Membership #	Membership #
Email Address		Email Address
Unit # & Town	Unit # & Town	Unit # & Town
District Secretary	District Treasurer	District Chaplain
Name	Name	Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Daytime Phone	Daytime Phone	Daytime Phone
Membership #		Membership #
Email Address	Email Address	Email Address
Unit # & Town	Unit # & Town	Unit # & Town
District Historian	District Parliamentarian	District Membership Chairman
Name	Name	Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Daytime Phone	Daytime Phone	Daytime Phone
Membership #		Membership #
Email Address	Email Address	Email Address
Unit # & Town	Unit # & Town	Unit # & Town

#### **Due April 30th**

## \_\_\_\_ District Officers List For the Year of \_\_\_\_\_

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District Girls State Chairman	District Junior Activities Chairman
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Daytime Phone	Daytime Phone
Membership #	Membership #
Email Address	Email Address
Unit # & Town	Unit # & Town

### THE COUNTIES IN YOUR DISTRICT PAY **PER CAPITA FOR DISTRICT DUES.**

#### FILL OUT (print in ink or type) & RETURN COPY TO DEPARTMENT OFFICE BY APRIL 30.

You may **EMAIL** this form to alamembership@ialegion.org

ALSO SEND COPY to incoming **<u>DISTRICT PRESIDENT</u>** BY <u>APRIL 30</u>.

**NOTE:** All blanks must be filled in. Please use street addresses for UPS delivery as well as Box Numbers if used in mailing address.