

Due April 30th

**_____ District Officers List
For the year of _____**

Page 1 of 2

District President

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Membership # _____
Email Address _____
Unit # & Town _____

District Vice President

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Membership # _____
Email Address _____
Unit # & Town _____

District Vice President

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Membership # _____
Email Address _____
Unit # & Town _____

District Secretary

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Membership # _____
Email Address _____
Unit # & Town _____

District Treasurer

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Membership # _____
Email Address _____
Unit # & Town _____

District Chaplain

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Membership # _____
Email Address _____
Unit # & Town _____

District Historian

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Membership # _____
Email Address _____
Unit # & Town _____

District Parliamentarian

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Membership # _____
Email Address _____
Unit # & Town _____

District Membership Chairman

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Membership # _____
Email Address _____
Unit # & Town _____

Due April 30th

**_____ District Officers List
For the Year of _____**

Page 2 of 2

District Girls State Chairman

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Membership # _____
Email Address _____
Unit # & Town _____

District Junior Activities Chairman

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Membership # _____
Email Address _____
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 **DISTRICT PRESIDENT** BY **APRIL 30.**

NOTE: All blanks must be filled in.

Please use street addresses for UPS delivery as well as Box Numbers if used in mailing address.