

Due April 30th

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

District Junior President

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

District Junior 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 Junior Chaplain

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

District Junior Historian

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 _____

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

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

FILL OUT (print in ink or type) & RETURN 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.