Due June 30 th	Unit # Officers	Page 1 of 2		
List For the Year				
Unit Senior Dues \$		District #		
Unit Junior Dues \$	of	County		
om value bacs		Unit Town		
Unit President	Unit Vice President	Unit Chaplain		
Name	Name	Name		
Address	Address	Address		
City, State, Zip	City, State, Zip	City, State, Zip		
Daytime Phone		Daytima Dhana		
Membership #		Membership #		
Email Address		Email Address		
Unit # & Town		Unit # & Town		
Unit Secretary	Unit Treasurer	Unit 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 #	Membership #		
Email Address	Email Address	Email Address		
Unit # & Town	Unit # & Town	Unit # & Town		
Unit Junior Activities	Unit Girls State Chairman	Unit Education Chairman		
Name	Name	Name		
Address	Address	Address		
City, State, Zip	City, State, Zip	City, State, Zip		
Daytime Phone	Daytime Phone	Daytime Phone		
Membership #	Membership #	Membership #		
Email Address	Email Address	Email Address		
Unit # & Town	Unit # & Town	Unit # & Town		

Due June 30th	Unit # Office the Year of	ers List For	Page 2 of 2
What day of the month do you hold a meeting?	Time of Meeting	Phone Number of Unit Home	
Location/address of meeting or Unit Home?			

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

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

This form MUST be filled out and return to DEPARTMENT OFFICE even if **NO CHANGES** are done!

FILL OUT & RETURN COPY to incoming **COUNTY & DISTRICT PRESIDENTS** BY **June 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.