

Please TYPE or PRINT

Unit Location(City): _____ District #: _____ Unit #: _____

COMMITTEE	NAME	E-MAIL	ADDRESS	TELEPHONE
President				
1st Vice President				
2nd Vice President				
Corresponding Secretary				
Recording Secretary				
Treasurer				
Chaplain				
Historian				
Parliamentarian				
Sergeant-At-Arms				
Sergeant-At-Arms				

Send a copy to your District President.

EXECUTIVE COMMITTEE

RETIRING PRESIDENT: _____

1. _____

2. _____

Day/Time/Location/Phone # of Unit Meeting: _____

DO NOT use any form other than this. Your own created version will not be accepted.
These forms ARE NEEDED from each Unit. Send to mailing address provided above.