

AMERICAN LEGION AUXILIARY
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2016—2017
UNIT OFFICER LIST

RETURN THIS FORM BY JUNE 15TH

UNIT LOCATION & NUMBER _____

PRESIDENT:

NAME: _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE: () _____ HOME PHONE: () _____

EMAIL ADDRESS: _____

SECRETARY:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE: () _____ HOME PHONE:() _____

EMAIL ADDRESS: _____

TREASURER:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE:() _____ HOME PHONE:() _____

EMAIL ADDRESS: _____

MEMBERSHIP PERSON: PERSON WHO ACTUALLY PREPARES THE TRANSMITTAL

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE:() _____ HOME PHONE:() _____

EMAIL ADDRESS: _____

