

20__ - 20__ Unit Officers

Please complete and return this form to the Department Office immediately following the election of Unit Officers for the current Auxiliary year. This form **must be completed** even if your officers will not change from the previous year.

Return this form to the Department Office (address above) no later than June 1st of the current year.

Unit Town: _____ **Unit #:** _____

Unit Name: _____ **District:** _____

Time/Date of Unit Meetings: _____

Date Unit Officers will take office: _____

Please provide a complete mailing address for each unit officer.

Unit President: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Ph: _____ Cell: _____

Unit Vice President: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Ph: _____ Cell: _____

Unit Secretary: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Ph: _____ Cell: _____

Unit Treasurer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Ph: _____ Cell: _____

Girls State Chairperson: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Ph: _____ Cell: _____

Membership Chairperson: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Ph: _____ Cell: _____

Unit Email Contact: Please provide the email address of one person to serve as a Unit Email Contact. This person does not need to be the Unit President. This address will be used to distribute time-sensitive information quickly as needed and will not replace regular Unit Mail packets (paper-based).

Unit Email Contact: _____ Email: _____

Submitted by: _____

Send one copy of completed form to the Department Office and one copy to your District President. Complete this form even if your officers will stay the same.