

**UNIT OFFICER LIST  
AMERICAN LEGION AUXILIARY  
DEPARTMENT OF NORTH CAROLINA  
PO Box 46315, Raleigh, NC 27620**

YEAR \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

UNIT # \_\_\_\_\_ NAME/LOCATION \_\_\_\_\_

**PRESIDENT -- NAME:** \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

**VICE PRESIDENT -- NAME** \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SECRETARY -- NAME:** \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TREASURER -- NAME:** \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MEMBERSHIP CHAIR:** (Person who prepares the dues transmittals)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DUES REMIT TO:** (Address that National Office will use for the renewal notices)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

**GIRLS STATE CHAIR -- NAME** \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_