



UNIT OFFICERS FORM FOR _____ (year)

NAME: _____ / _____ (number)

President: _____

Address: _____
Box or Street City Zip

Phone # E mail Address

Vice President: _____

Address: _____
Box or Street City Zip

Phone # E mail Address

Historian: _____

Address: _____
Box or Street City Zip

Phone # E mail Address

Secretary: _____

Address: _____
Box or Street City Zip

Phone # E mail Address

Treasurer: _____

Address: _____

Box or Street

City

Zip

Phone #

E mail Address

Chaplain: _____

Address: _____

Box or Street

City

Zip

Phone #

E mail Address

Sgt-At-Arms: _____

Address: _____

Box or Street

City

Zip

Phone #

E mail Address

Girls State Board Member: _____

Address: _____

Box or Street

City

Zip

Phone #

E mail Address

Thank You!

(Completed by Department)

Received in Department: _____ / _____

(Date)

(Signature of Department Officer)