

REPORT OF INSTALLATION OF OFFICERS 2018-2019

HAVE THIS FORM COMPLETED AND READY FOR SIGNATURE OF INSTALLING OFFICERS ON
 INSTALLATION DATE AND RETURN PROMPTLY TO ALA Dept PO Box 1730, Wilsonville, OR 97071
DUE BY JULY 1st

UNIT NAME & #	DATE OF INSTALLATION:
Please mark who you want mail to---Pres/Secretary	
PRESIDENT	VICE PRESIDENT
MEMBERSHIP #	MEMBERSHIP #
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY,STATE,ZIP:	CITY,STATE,ZIP:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
HOME PHONE #:	HOME PHONE #:
SECRETARY	MEMBERSHIP SECRETARY
MEMBERSHIP #	MEMBERSHIP #
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY,STATE,ZIP:	CITY,STATE,ZIP:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
HOME PHONE #:	HOME PHONE #:
TREASURER	SGT-AT-ARMS
MEMBERSHIP #	MEMBERSHIP #
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY,STATE,ZIP:	CITY,STATE,ZIP:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
HOME PHONE #:	HOME PHONE #:
CHAPLAIN	HISTORIAN
MEMBERSHIP #	MEMBERSHIP #
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY,STATE,ZIP:	CITY,STATE,ZIP:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
HOME PHONE #:	HOME PHONE #:

I CERTIFY THE OFFICERS LISTED ABOVE HAVE BEEN INSTALLED.

Installing Officer _____ Date _____

PLACE OF AUX MEETINGS: _____
 STREET ADDRESS: _____ ZIP _____
 Mailing Address (if different) _____
 CITY _____ ZIP _____
 MEETINGS HELD ON _____ TIME OF MEETING _____