

## REPORT OF INSTALLATION OF OFFICERS 2021-2022

HAVE THIS FORM COMPLETED AND SIGNED BY INSTALLING OFFICER ON DATE OF INSTALLATION

RETURN PROMPTLY TO: Mail: ALA Dept, PO Box 1730, Wilsonville, OR 97070

or Email: [alamembership@alaoregon.org](mailto:alamembership@alaoregon.org)

**DUE BY JULY 1st**

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