

LADIES AUXILIARY of the FLEET RESERVE ASSOCIATION
UNIT OFFICER INFORMATION

****PLEASE TYPE OR BLOCK PRINT IMMEDIATELY AFTER ELECTION AND PRIOR TO INSTALLATION****

The following Unit Officers will be installed on _____,

Unit # _____ Unit Name _____ Region _____

PRESIDENT: Name _____ Phone _____
 Address _____ Membership # _____
 City, ST, Zip _____ Email _____

VICE PRES: Name _____ Phone _____
 Address _____ Membership # _____
 City, ST, Zip _____ Email _____

SECRETARY: Name _____ Phone _____
 Address _____ Membership # _____
 City, ST, Zip _____ Email _____

FIN SECRETARY Name _____ Phone _____
 Address _____ Membership # _____
 City, ST, Zip _____ Email _____

TREASURER: Name _____ Phone _____
 Address _____ Membership # _____
 City, ST Zip _____ Email _____

MEETING PLACE: _____ Phone # _____

ADDRESS: _____

DAY (ie. 1st Monday): _____ TIME: _____

Signature of President

Signature of Secretary

THE FOLLOWING OFFICERS MUST RECEIVE THIS FORM BEFORE 30 JUNE

One copy each to:

NATIONAL EXECUTIVE SECRETARY, DATA PROCESSING MANAGER, and Your Unit File

Two Copies to:

REGIONAL PRESIDENT so that she can give one copy to the incoming President

Revised: 2003