

REPORT OF INSTALLATION OF OFFICERS 2024-2025

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

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 _____