

LIST OF 2024-2025 UNIT CHAIRMEN

List names, complete addresses, and home phone numbers for all chairmen.

RETURN BY OCTOBER 1ST

UNIT NAME: _____ UNIT NUMBER _____ DISTRICT # _____

AMERICANISM	AUXILIARY EMERGENCY FUND (AEF)
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY,STATE,ZIP:	CITY,STATE,ZIP:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
HOME PHONE #:	HOME PHONE #:
CHILDREN & YOUTH	COMMUNITY SERVICE
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY,STATE,ZIP:	CITY,STATE,ZIP:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
HOME PHONE #:	HOME PHONE #:
CONSTITUTION & BYLAWS	EDUCATION & SCHOLARSHIP
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY,STATE,ZIP:	CITY,STATE,ZIP:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
HOME PHONE #:	HOME PHONE #:
GIRLS STATE	JUNIOR ACTIVITIES
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY,STATE,ZIP:	CITY,STATE,ZIP:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
HOME PHONE #:	HOME PHONE #:
LEADERSHIP/PAST PRESIDENTS PARLEY	LEGISLATIVE
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY,STATE,ZIP:	CITY,STATE,ZIP:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
HOME PHONE #:	HOME PHONE #:

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MEMBERSHIP	NATIONAL SECURITY
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
HOME PHONE #:	HOME PHONE #:
POPPY & POPPY POSTER	PUBLIC RELATIONS
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
HOME PHONE #:	HOME PHONE #:
VETERANS AFFAIRS & REHAB	
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
E-MAIL ADDRESS:	
HOME PHONE #:	

To meet Department Citation requirements for the current year, appoint all Unit Committee Chairman and return this form to ALA Department Headquarters.

Mail to: P.O. Box 1730, Wilsonville, OR 97070

or

Email to: alamembership@alaoregon.org