

REPORT OF INSTALLATION OF OFFICERS 2026-2027

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 & NUMBER	DATE OF INSTALLATION:
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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 _____