



DISTRICT NO. _____

DISTRICT OFFICERS ELECTION SHEET

COMMANDER: ID # _____

E-MAIL: _____

NAME: _____

POST # _____ PHONE (home) (____) _____

ADDRESS: _____

ZIP: _____ PHONE (work/cell) (____) _____

EXECUTIVE COMMITTEEMAN: (2 yr. Term)

E-MAIL: _____

NAME: _____

POST # _____ PHONE (home) (____) _____

ADDRESS: _____

ZIP: _____ PHONE (work/cell) (____) _____

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SR. VICE CMDR: _____

E-MAIL _____

ADDRESS: _____

ZIP: _____ PHONE: (____) _____ POST # _____

JR. VICE CMDR: _____

E-MAIL _____

ADDRESS: _____

ZIP: _____ PHONE: (____) _____ POST # _____

ADJUTANT: _____

E-MAIL _____

ADDRESS: _____

ZIP: _____ PHONE: (____) _____ POST # _____

FINANCE OFFICER: _____

E-MAIL _____

ADDRESS: _____

ZIP: _____ PHONE: (____) _____ POST # _____

CHAPLAIN: _____

E-MAIL _____

ADDRESS: _____

ZIP: _____ PHONE: (____) _____ POST # _____

JUDGE ADVOCATE: _____

E-MAIL _____

ADDRESS: _____

ZIP: _____ PHONE: (____) _____ POST # _____

SERVICE OFFICER: _____

E-MAIL _____

ADDRESS: _____

ZIP: _____ PHONE: (____) _____ POST # _____

HISTORIAN: _____

E-MAIL _____

ADDRESS: _____

ZIP: _____ PHONE: (____) _____ POST # _____

SGT. AT ARMS: _____

E-MAIL _____

ADDRESS: _____

ZIP: _____ PHONE: (____) _____ POST # _____

Outgoing District Adjutant

Outgoing District Commander

Please return completed forms, in duplicate, immediately following election, to DEPARTMENT HEADQUARTERS