★AUXILIARY★ *Officers List Update*

Instructions

Make a copy of this form and complete it annually. This form should be filled out each year by State, Local and Area Local Secretaries in the same month that the organization normally holds elections. Please do this each year even if you elect the same officers or if your officers will be serving multiple year terms of office. Fill out the offices that apply in your Auxiliary only. Mail the completed form to the National Auxiliary Secretary and a copy to your National Auxiliary District Coordinator.

_____
Name of Auxiliary

Term Of Office: _____ **to** _____
Beginning Date Ending Date

President: _____ **Phone No:** (__)_____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Vice Pres: _____ **Phone No:** (__)_____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Secretary: _____ **Phone No:** (__)_____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Treasurer: _____ **Phone No:** (__)_____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Legislative Aide:
_____ **Phone No:** (__)_____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Editor: _____ **Phone No:** (__)_____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____