



2024-2025 Unit Officers (Verification)

Please complete all information **legibly** and return this form to the Department Office immediately following the election of Unit Officers for **2024-2025**. Please complete this form even if your slate of officers will not change for the year 2024-2025. **Return this form to the Department Office (address-above) no later than June 1, 2024**

| | |
|---|------------------|
| Unit Town: | Unit #: |
| Unit Name: | District: |
| Time and Date of Unit Meetings: | |
| Date Unit Officers will take office: | |

Please provide a complete mailing address for each unit officer.

Unit President:

Address: _____

| | | | |
|--------|-----|--------------|-------|
| City: | St: | Zip Code + 4 | |
| Email: | Ph: | | Cell: |

Unit Vice President:

Address: _____

| | | | |
|--------|-----|-------------|-------|
| City: | St: | Zip Code +4 | |
| Email: | Ph: | | Cell: |

Unit Secretary:

Address: _____

| | | | |
|--------|-----|--------------|-------|
| City: | St: | Zip Code + 4 | |
| Email: | Ph: | | Cell: |

Unit Treasurer

Address: _____

| | | | |
|--------|-----|--------------|-------|
| City: | St: | Zip Code + 4 | |
| Email: | Ph: | | Cell: |

Girls State Chairman:

Address: _____

| | | | |
|--------|-----|-------------|-------|
| City: | St: | Zip Code +4 | |
| Email: | Ph: | | Cell: |

Membership Chairman:

Address: _____

| | | | |
|--------|-----|-------------|-------|
| City: | St: | Zip Code +4 | |
| Email: | Ph: | | Cell: |

Unit Email Contact: Please provide the email address of one person to serve as a **Unit Email Contact**. This person does not need to be the Unit President. This address will be used to distribute time-sensitive information quickly as needed and will not replace regular (paper-based) Unit Mail packets (paper-based).

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|----------------------------|--------|
| Unit Email Contact: | Email: |
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