

OFFICERS & APPOINTMENTS FOR THE ____ DIVISION FOR 20 ____

(YOU MUST HAVE AN ADDRESS AND PHONE NUMBER FOR ANY OFFICER OR APPOINTMENT)

(NOT ALL OFFICERS ARE REQUIRED FOR DIVISION, BUT EACH PROGRAM APPOINTMENT IS RECOMMENDED)

ADJUTANT: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

CHAPLAIN: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

FINANCE OFFICER: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

HISTORIAN: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

JUDGE ADVOCATE: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

SERGEANT at ARMS: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

SERVICE OFFICER: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

AMERICANISM: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

BASEBALL: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

BOY SCOUTS: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

BOYS STATE: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

COMMUNITY SERVICE: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

CONST. & BY LAWS: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

CHILDREN & YOUTH: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

JUNIOR SHOOTING: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

LEGISLATIVE: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

MEMBERSHIP: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

NAT'L SECURITY: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

ORATORICAL: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

PUBLIC RELATIONS: NAME _____ POST No: _____
ADDRESS: _____ CITY: _____ ZIP: _____
RES. PHONE: _____ EMAIL: _____
CELL PHONE: _____ FAX: _____ BUS: _____

