

DUAL MEMBERS DATA (List the names of all Dual Members and indicate their primary Auxiliary)

First Name	Middle Initial	Last Name	Primary Auxiliary Name & No.	Department

NEW AUXILIARY OFFICERS

President: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Vice-President: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Council #1: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Council #2: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Council #3: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Secretary: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Treasurer: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Patriotic Instructor: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Chaplain: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Press Correspondent: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Guide: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Asst. Guide: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Color Guard #1: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Color Guard #2: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Inside Guard: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Outside Guard: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____

Counselor: _____
Name *Address, City, State, ZIP Code*

Phone: _____ Email Address: _____