MARINE CORPS LEAGUE AUXILIARY
REPORT OF ELECTION AND INSTALLED OFFICERS

Department/Unit __________________________________________________________ Date ____________________

Dept/Unit E.I. N.___________________ Last 990 Filing Date __________________ Incorporation Number ________________________

PRESIDENT __________________________________________________________ Street __________________________
City __________________ State ______ Zip ______ Telephone (____) ______
Email Address ____________________________

SR. VICE PRES. ______________________________________________________ Street __________________________
City __________________ State ______ Zip ______ Telephone (____) ______
Email Address ____________________________

JR. VICE PRES. _____________________________________________________ City __________________ State ______
Email Address ____________________________

JUDGE ADVOCATE ___________________________ City __________________ State ______
Email Address ____________________________

DEPARTMENT Division/District Vice Presidents:

South Division ______________________________________________________ City __________________ State ______
East Division ______________________________________________________ City __________________ State ______
North Division _____________________________________________________ City __________________ State ______
West Division ______________________________________________________ City __________________ State ______
Central Division ____________________________________________________ City __________________ State ______

Department/Unit Historian _____________________________________________ City __________________ State ______
Chaplain ___________________________________________________________ City __________________ State ______
Auditor #1 _________________________________________________________ City __________________ State ______
Auditor #2 _________________________________________________________ City __________________ State ______
Auditor #3 _________________________________________________________ City __________________ State ______

TREASURER _________________________________________________________ Street __________________________
City __________________ State ______ Zip ______ Telephone (____) ______
Email Address ____________________________

SECRETARY ________________________________________________________ Street __________________________
City __________________ State ______ Zip ______ Telephone (____) ______
Email Address ____________________________

Capt. of Guard ______________________________________________________ City __________________ State ______
Color Bearer ______________________________________________________ City __________________ State ______
Banner Bearer _____________________________________________________ City __________________ State ______
Publicity ___________________________________________________________ City __________________ State ______

I certify that the bond to cover the President and Treasurer is in order and expires on August 31, ________.

Signature of Retiring President ____________________________ Signature of Installing Officer ____________________________

PLEASE NOTE: It is the responsibility of the Installing Officer to:
1. Make sure the newly elected officers’ dues are paid for their year of service;
2. Determine that the Department/Unit Bond has been paid for the year;
3. Send copies of this form IMMEDIATELY AFTER INSTALLATION TO:
   (1) National Division Vice President, (2) National Headquarters, (3) Department Secretary,
   (4) Unit Secretary, and (5) Installing Officer.

PLEASE PRINT LEGIBLY OR TYPE Original and four (4) copies required

Rev. 8/13