

# JUNIOR UNIT 2018-2019 INSTALLATION FORM

**DISTRICT #** \_\_\_\_\_

**I INSTALLED:** \_\_\_\_\_ (UNIT NAME & NUMBER)

**DATE INSTALLED:** \_\_\_\_\_

**INSTALLER'S NAME:** \_\_\_\_\_

**DISTRICT PRESIDENT:** \_\_\_\_\_ **DEPARTMENT PRESIDENT** \_\_\_\_\_ **PAST DEPARTMENT PRESIDENT** \_\_\_\_\_

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**NAME OF PRESIDENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE AND EMAIL:** \_\_\_\_\_

**NAME OF SECRETARY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE AND EMAIL:** \_\_\_\_\_

**NAME OF TREASURER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE OF MEMBERSHIP** \_\_\_\_\_

**CHAIRMAN ADDRESS:** \_\_\_\_\_

**PHONE AND EMAIL:** \_\_\_\_\_

**PLEASE PRINT - ALSO BE SURE NAME, ADDRESS, PHONE NUMBER & EMAIL ARE COMPLETE & CORRECT. THIS**

**FORM NEEDS TO BE RETURNED TO DEPARTMENT AS SOON AS POSSIBLE AFTER INSTALLATION.**

IF YOU ARE UNABLE TO DO THIS INSTALLATION, GIVE A COPY TO THE PAST DEPARTMENT PRESIDENT THAT WILL BE DOING THE INSTALLATION

# SENIOR UNIT 2018-2019 INSTALLATION FORM

DISTRICT # \_\_\_\_\_

I INSTALLED: \_\_\_\_\_ (UNIT NAME & NUMBER)

DATE INSTALLED: \_\_\_\_\_

INSTALLER'S NAME: \_\_\_\_\_

DISTRICT PRESIDENT: \_\_\_\_\_ DEPARTMENT PRESIDENT \_\_\_\_\_ PAST DEPARTMENT PRESIDENT \_\_\_\_\_

\*\*\*\*\*

NAME OF PRESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE AND EMAIL: \_\_\_\_\_

NAME OF SECRETARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE AND EMAIL: \_\_\_\_\_

NAME OF TREASURER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE OF MEMBERSHIP CHAIRMAN \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE AND EMAIL: \_\_\_\_\_

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