

SENIOR UNIT 2019-2020 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: _____

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

JUNIOR UNIT 2019-2020 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: _____

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

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