

NEWLY ELECTED DISTRICT OFFICERS

The information collected on this form will be used for official records and for use in the Official Directory

District number _____

DISTRICT PRESIDENT: _____

Husband's Name (if applicable) _____ Do you want your name format on the
program as Mrs. John Doe (Jane) or as Jane Doe

Address: _____

City: _____ State _____ Zip code _____

Home Phone Number _____ Cell phone _____

Work phone number (only if you can be contacted at work) _____

E-mail address _____

Unit town and Unit number _____

Please sign here _____

if permission is granted to display this information on the Nebraska Auxiliary Website.

DISTRICT VICE PRESIDENT: _____

Husband's Name (if applicable) _____ Do you want your name format on the
program as Mrs. John Doe (Jane) or as Jane Doe

Address: _____

City: _____ State _____ Zip code _____

Home Phone Number _____ Cell phone _____

Work phone number (only if you can be contacted at work) _____

E-mail address _____

Unit town and Unit number _____

Please sign here _____

if permission is granted to display this information on the Nebraska Auxiliary Website.

DISTRICT SECRETARY / TREASURER _____

Husband's Name (if applicable) _____ Do you want your name format on the
program as Mrs. John Doe (Jane) or as Jane Doe

Address: _____

City: _____ State _____ Zip code _____

Home Phone Number _____ Cell phone _____

Work phone number (only if you can be contacted at work) _____

E-mail address _____

Unit town and Unit number _____

Please sign here _____

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