

Marine Corps League Auxiliary

Report of Election for
Division Officers



Division: _____ Date of Election: _____

First two-year term

Second two-year term

Division Vice President _____

Address: _____

City: _____ State: _____ Zip (plus 4) _____

Email: _____ Phone: _____

Assistant Division Vice President _____

Address: _____

City: _____ State: _____ Zip (plus 4) _____

Email: _____ Phone: _____

Signature of Division Vice President

Signature of Acting Secretary

Division Vice President shall forward this election form and a copy of minutes from Division Conference to:

- a) National Headquarters – (using the PO Box address)
- b) National Jr. Vice President

