

Unit Chairmen List

Unit #125	District # <u>16</u>			
Complete this form and send to membership@alafl.org and the District President				
Americanism:	Name Shirley Dibucci			
	Member ID 300477305			
	Daytime Phone 727-510-1919			
	Email Shirleydibucci@gmail.com			
AEF:	Name_Christine Morrison			
	Member ID 301937630			
	Daytime Phone 401-580-0117			
	Email gcmorrison27@gmail,com			
C&Y:	Name_Antionette Taylor			
	Member ID 301193789			
	Daytime Phone 727-565-9199			
	Email dons711@yahoo.com			
Comm. Svs:	Name_April Zoinierek			
	Member ID 302634249			
	Daytime Phone 727-710-0063			
	Email april41862@gmail.com			
C&B:	Name Sandy Bernard Member ID 300767819			
	Member ID 300767819			
	Daytime Phone 7273248776			
	sandy,bernard@heart.org			

Education:	Name_Diana Fauth		
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	Daytime Phone 727-481-1951		
, Girls State:	Email Dfauth1010@gmail.com		
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	Member ID 301438304		
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Juniors:	Name_Tami_Flanigan		
	Member ID 301460430		
	Daytime Phone 727-512-1698		
	Email pjmomtom154@gmail.com		
Leadership:	Name Tami Flanigan		
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Legislative:	Name Cormelia (Liz) Close		
	Member ID 300941679		
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Membership:	Name Christine Morrison		
Memberomp.	Member ID 301937630		
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National Sec.:	Email gcmorrison27@gmail.com		
	Name Susan Edgell McQuillan		
	Member ID 301627142		
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Name_Cormelia (Liz) Close PPP: Member ID 300941679 Daytime Phone 727-396-9086 Email ccloseg69@gmail.com Name Polly McKenzie Poppy: Member ID 301661893 Daytime Phone 727-470-0403 Email plmkslvh@gmail.com Name_Susan Edgell McQuillian P.R.: Member ID 301627142 Daytime Phone 407-416-0887 Email smcq5713@gmail.com _{Name}Tina Martell VA&R: Member ID 300568 768 Daytime Phone 301-473-2781 Email martelltina@gmail.com

Return Form to Department:

Email: membership@alafl.org or

Mail: 1912A Lee Rd., Orlando, Florida 32810



MEMBER DATA FORM

Unit # 296	_{Date} 09/02/24
Member ID # 301727882 (Required for all changes)	_
Mary Kiker 554 Coral Court Unit 305 Ft. Walton Beach, FL 32548	X SR JR DECEASED, date of death 08 /26 /24 VIM Honorary Life Member
	CORRECTIONS
Old Information	New Information
Name	Name
Former Address	New Address
Former City	New City
Former StateZip	New StateZip
	New Telephone # () New Email Address:
Unit Transfer section must be	completed and signed by member and unit officer
U	INIT TRANSFERS
PREVIOUS Unit # State	
Date Signature – Member (<i>Required</i>)	Date Signature – New Unit Officer (<i>Required</i>)
977	

Please email to: membership@alafl.org