



# 2020

## ONE WEEK OF CARING & SHARING

### April 1-7<sup>th</sup>, 2020

**Purpose:** Unit members & leaders organize during this one designated week to contact and check in with EVERY possible unit member, past and present, to kick off our next century and celebrate our 100<sup>th</sup> anniversary.

**One entry per unit** (no matter how many rejoins you end up with)

This certified form must be received at ALA National Headquarters **no later than April 30<sup>th</sup>**.

### CERTIFICATION FORM

*Please type or print legibly*

Unit Name: \_\_\_\_\_ Unit # \_\_\_\_\_ Dept: \_\_\_\_\_

UNIT Tax ID # (TIN/EIN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \*\*REQUIRED

Unit representative's name (who is filling out form): \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

To qualify for entry into the drawing for \$25 for the unit to use towards furthering the mission, the unit must have secured at least one REJOINED member from their unit during this week. That member must not have paid dues since 2017 & **must be entered as a rejoin into ALAMIS between April 1 - April 24<sup>th</sup>** using her former member ID.

Name of rejoined member: \_\_\_\_\_ Member ID: \_\_\_\_\_  
*\*\*Please attach a copy of her signed application & verify that her eligibility status didn't change from when she first applied.*

***Certified by Department Secretary:*** \_\_\_\_\_ **DATE** \_\_\_\_\_

Dept. Secretary  
 printed signature: \_\_\_\_\_ Dept: \_\_\_\_\_

Check here that the unit included their Tax ID #

**\*I certify that the rejoined member last paid in 2017 or prior & was entered in ALAMIS between 4/1-4/24/20. I've provided or verified her member ID & that the form is filled out legibly & completely. DO NOT SEND INCOMPLETE FORMS.**

### Departments

**Please either scan & email to:**  
[membership@ALAforVeterans.org](mailto:membership@ALAforVeterans.org)  
 (Subject line: Week of Caring & Sharing)

Or

**Fax: 317-569-4502 (Attn: Membership)**

Due to the unpredictability of mail, use the above methods of transmittal instead.

**\*Must be received by NHQ by midnight 4/30/20**

**Please fill out the following information:**

Number of unit members participating in making calls or visits during this week: \_\_\_\_\_

Number of unit members who were called or visited: \_\_\_\_\_

Number of members that renewed their membership due to unit contact: \_\_\_\_\_

Number of members that rejoined due to unit contact: \_\_\_\_\_

OPTIONAL: Share a specific story where you felt this week made an impact on a member:

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