



## Report of Officers

Complete in duplicate immediately after election.

Chapter No. \_\_\_\_\_

Send one copy to the Chapter Development Department.

City \_\_\_\_\_

Retain one copy for your file.

State/Prov. \_\_\_\_\_

### REPORT OF ELECTIVE and APPOINTIVE OFFICERS for year \_\_\_\_\_

Elective Officers	Full Name (print or type)	Phone Number	Street	City	Zip
President					
			Email: _____		
Vice President					
			Email: _____		
Recording Secretary					
			Email: _____		
Treasurer					
			Email: _____		
Auditor					
			Email: _____		

\*Appointive Officers -- Optional (Record on Page 2)

Please complete:

This Chapter holds its business meeting at \_\_\_\_\_ o'clock on the \_\_\_\_\_  
 (day of week - ex. 2nd Monday, 4th Tuesday, etc.) at \_\_\_\_\_ (location).

\_\_\_\_\_  
 Name of officer completing report

\_\_\_\_\_  
 Date completed

## APPOINTIVE OFFICERS (Optional)

<b>Appointive Officers*</b>	<b>Full Name (print or type)</b>	<b>Phone Number</b>	<b>Street</b>	<b>City</b>	<b>Zip</b>
Chaplain					
			Email:		
Webmaster					
			Email:		
Press Correspondent					
			Email:		
Photographer					
			Email:		
Coordinator of Good Times					
			Email:		