



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. _____

The following officers have been installed by: _____

REPORT OF ELECTIVE and APPOINTIVE OFFICERS for year _____

Elective Officers	Full Name (Print or Type)	Phone Number	Street	City	Zip
President			Email Address		
Vice President			Email Address		
Past President			Email Address		
Recording Secretary			Email Address		
Treasurer			Email Address		
Member of the Auditing Committee			Email Address		
Chaplain			Email Address		

***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

Appointive Officers*	Full Name (Print or Type)	Phone Number	Street City Zip
Host and/or Hostess			Email Address
Welfare Supervisor			Email Address
Press Correspondent			Email Address
Musician			Email Address
Junior Supervisor			Email Address
Webmaster			Email Address