***Name of Organization*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Contact Person***

Name:

Address:

City/Zip:

Phone:

Email:

***President***

Name:

Address:

City/Zip:

Phone:

Email:

Term expires:

***Pres. Elect/ Vice Pres.***

Name:

Address:

City/Zip:

Phone:

Email:

Term expires:

***Secretary***

Name:

Address:

City/Zip:

Phone:

Email:

Term expires:

***Treasurer***

Name:

Address:

City/Zip:

Phone:

Email:

Term Expires:

***\*\*Above information needed for website/mailings***

***DVS***

Name:

Address:

City/Zip:

Phone:

Email:

***Co-President***

Name:

Address:

City/Zip:

Phone:

Email:

Term expires:

***Public Policy Chair (PPE)***

Name:

Address:

City/Zip:

Phone:

Email:

Term expires:

***Community Health Education (CHE)***

Name:

Address:

City/Zip:

Phone:

Email:

Term expires:

***Past President***

Name:

Address:

City/Zip:

Phone:

Email:

Term expires:

***\*Send one copy of this report to the District Chairman by January 31, or as soon as possible after installation.***

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