

# Volunteer Officers/or Advisory Board for the upcoming year as of January 31

Please include complete address, phone # and email

## 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:

### 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.***

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