

# Chapter Officers For The Year \_\_\_\_\_

COUNTY: \_\_\_\_\_ CHAPTER NO.: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

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① President: \_\_\_\_\_ Membership No.: P \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street No. - Street - Apt) or (PO Box), City, ST Zip  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

② Vice-President: \_\_\_\_\_ Membership No.: P \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street No. - Street - Apt) or (PO Box) City, ST Zip  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

③ Secretary: \_\_\_\_\_ Membership No.: P \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street No. - Street - Apt) or (PO Box), City, ST Zip  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

④ Treasurer: \_\_\_\_\_ Membership No.: P \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street No. - Street - Apt) or (PO Box), City, ST Zip  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

⑤ Leg. Chair: \_\_\_\_\_ Membership No.: P \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street No. - Street - Apt) or (PO Box), City, ST Zip  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

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## Chapter Meeting Information

Our Chapter Meets: \_\_\_\_\_ Time of Meeting: \_\_\_\_\_  
On the:  1st  2nd  3rd  4th week of the month. Chapter Dues: \_\_\_\_\_  
On:  Mon  Tue  Wed  Thu  Fri No. of Members : \_\_\_\_\_  
In:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec  
Meeting Location: \_\_\_\_\_  
Facility name - Room name if any - Address - City - Phone number including area code

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## INSTRUCTIONS:

This form, with the current Officers, should be sent to the state office no later than December 31 for the up coming year. Please send a new form each time there is a change to any of the information. Mail to PERI, 659-F Park Meadow Rd, Westerville, OH 43081.