

**2024-2025 Local Officer Information Form**

Please return mail or email to your Region President to be received by June 28th

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| --- | --- |
| ***Local Organization Name:*** |   |
| ***Local Website:*** |   |
| ***Meeting Site, Day & Time:*** |   |

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| ***President:*** |    |

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| ***Address:*** |    |

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| ***City/State/Zip:*** |    |

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| ***Phones Home:*** |   | ***Cell:*** |   | ***Work:*** |   |

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| ***Email:*** |    |

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| ***President Elect:*** |   |

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| ***Address:*** |    |

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| ***City/State/Zip:*** |    |

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| ***Phones Home:*** |   | ***Cell:*** |   | ***Work:*** |   |

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| ***Email:*** |    |

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| ***Vice President:*** |    |

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| ***Address:*** |    |

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| ***City/State/Zip:*** |    |

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| ***Phones Home:*** |   | ***Cell:*** |   | ***Work:*** |   |

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| ***Email:*** |    |

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| ***Secretary:*** |    |

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| ***Address:*** |    |

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| ***City/State/Zip:*** |    |

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| ***Phones Home:*** |   | ***Cell:*** |   | ***Work:*** |   |

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| ***Email:*** |    |

**We need these chairs so that our state and region chairs can communicate with them.**

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| ***Nominating Chair:*** |   |

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| ***Address:*** |   |

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| ***City/State/Zip:*** |   |

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| ***Phones Home:*** |   | ***Cell:*** |   | ***Work:*** |   |

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| ***Email:*** |   |

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| ***YC Chair:*** |   |

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| ***Address:*** |   |

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| ***City/State/Zip:*** |   |

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| ***Phones Home:*** |   | ***Cell:*** |   | ***Work:*** |   |

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| ***Email:*** |   |

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| --- | --- |
| ***ID Chair:*** |   |

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| ***Address:*** |   |

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| ***City/State/Zip:*** |   |

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| ***Phones Home:*** |   | ***Cell:*** |   | ***Work:*** |   |

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| ***Email:*** |   |

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| ***Legislation Chair:*** |    |

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| ***Address:*** |    |

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| ***City/State/Zip:*** |    |

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| ***Phones Home:*** |   | ***Cell:*** |   | ***Work:*** |   |

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| ***Email:*** |    |

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| ***Treasurer:*** |    |

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| ***Address:*** |    |

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| ***City/State/Zip:*** |    |
| ***Phones Home:*** |    | ***Cell:*** |  | ***Work:*** |   |

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| ***Email:*** |    |