

OFFICERS ELECTED 2018 – 2019

*(Include title (Mr. Mrs. Miss or Ms.) and Include Full P.O. or Street Address, City, Zip Code and Area Code)
Verify All Information With New Officer*

Chapter Name: _____ **No.** ____ **Dist. No.** ____

Lodge Street Address: _____

City: _____, FL Zip Code: _____ Phone # (____) _____

Chapter Mailing Address: _____

City: _____ State: _____ Zip: _____

W.M. _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City _____, State: _____ Zip Code: _____

E-Mail Address: _____

W.P. _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City _____, State: _____ Zip Code: _____

E-Mail Address: _____

A.M. _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City _____, State: _____ Zip Code: _____

E-Mail Address: _____

A.P. _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City _____, State: _____ Zip Code: _____

E-Mail Address: _____

Secretary _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City: _____, State: _____ Zip Code: _____

E-Mail Address: _____

Treasurer _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City: _____, State: _____ Zip Code: _____

E-Mail Address: _____

Does Chapter meet in September? Yes ___ No ___ Does the Chapter pay extra for Special Meetings? Yes ___ No ___ *If Yes how much* _____
Chapter willing to have special meeting? Yes ___ No ___ If so, what day? _____

List any times when special events occurring in your location would make meetings difficult _____

Chapter Meeting Day(s): _____ **Time:** _____

List all other days meeting room is available _____