

OFFICERS ELECTED 20 – 20

*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 Officers*

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

Lodge Street Address: _____

City: _____, FL Zip Code: _____

Chapter Mailing Address: _____

City: _____ State: _____ Zip Code: _____

W.M. _____ Member #: _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

W.P. _____ Member #: _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

A.M. _____ Member #: _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

A.P. _____ Member #: _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Secretary _____ Member #: _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Treasurer _____ Member #: _____

Telephone: Home: _____ Cell No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

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Installation Date: _____ (If Known)

Current Dues: \$ _____

Chapter Meetings Day(s): _____

Time: _____

Preferred Contact Method: Mail E-mail

Does the Chapter meet in September? Yes No

Does the Chapter pay extra for Special Meetings? Yes No

If yes, how much? \$ _____

Is the Chapter willing to have Special Meetings? Yes No

If so, what days? _____

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

List all other days meeting room is available: _____

(Seal)

(Signature of Secretary completing form)