

OFFICERS ELECTED 2019 – 2020

*(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. 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 G No G Does the Chapter pay extra for Special Meetings? Yes G No G If Yes how much \$ _____

Is Chapter willing to have special meeting? Yes G No G 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 _____