

County Officer DATA FORM

Due **April 1** to District Representative

District: _____

County: _____

of Clubs: _____

Calendar Year: _____

PRESIDENT Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

PRESIDENT-ELECT Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

VICE PRESIDENT Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

SECRETARY Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

TREASURER Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

ADVISOR/PAST PRESIDENT Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

COMMITTEE CHAIRS

EDUCATION Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

LEADERSHIP Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

VOL. COMM SUPPORT Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

MEMBERSHIP Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

EXTENSION EDUCATOR Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____
