

District Officer Sheet

PLEASE TYPE OR PRINT - Immediately following your elections send one (1) copy of this form to the AVP and one (1) copy to the: Chapter Service Center, PO Box 44242, Eden Prairie, MN 55344

20\_\_ - 20\_\_

District # \_\_\_\_\_

Director \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Chapter \_\_\_\_\_

Programming VP \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Chapter \_\_\_\_\_

Programming VP \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Chapter \_\_\_\_\_

Membership VP \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Chapter \_\_\_\_\_

Secretary \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Chapter \_\_\_\_\_

Treasurer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Chapter \_\_\_\_\_

Past Director \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Chapter \_\_\_\_\_

Community Connections DPM \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Chapter \_\_\_\_\_

Women's Wellness DPM \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Chapter \_\_\_\_\_

Youth of Today DPM \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Chapter \_\_\_\_\_

<b>Priority Area DPM</b> _____	Phone (    ) _____
Address _____	ZIP _____
Email Address _____	Chapter _____
<b>Living &amp; Learning DPM</b> _____	Phone (    ) _____
Address _____	ZIP _____
Email Address _____	Chapter _____
<b>NEWSLET DPM</b> _____	Phone (    ) _____
Address _____	ZIP _____
Email Address _____	Chapter _____
<b>Public Relations DPM</b> _____	Phone (    ) _____
Address _____	ZIP _____
Email Address _____	Chapter _____
<b>Records &amp; Recognition DPM</b> _____	Phone (    ) _____
Address _____	ZIP _____
Email Address _____	Chapter _____
<b>Ways &amp; Means DPM</b> _____	Phone (    ) _____
Address _____	ZIP _____
Email Address _____	Chapter _____