

CLUB OFFICER ROSTER

DATE: _____

ORGANIZATION: _____

OFFICERS

PRESIDENT		
NAME	SOCIAL SECURITY #	SIGNATURE
ADDRESS	CITY	ZIP CODE
PHONE: HOME	BUSINESS	E-MAIL

VICE – PRESIDENT		
NAME	SOCIAL SECURITY #	SIGNATURE
ADDRESS	CITY	ZIP CODE
PHONE: HOME	BUSINESS	EMAIL

SECRETARY		
NAME	SOCIAL SECURITY #	SIGNATURE
ADDRESS	CITY	ZIP CODE
PHONE: HOME	BUSINESS	EMAIL

TREASURER		
NAME	SOCIAL SECURITY #	SIGNATURE
ADDRESS	CITY	ZIP CODE
PHONE: HOME	BUSINESS	EMAIL

OTHER: TITLE		
NAME	SOCIAL SECURITY#	SIGNATURE
ADDRESS	CITY	ZIP CODE
PHONE: HOME	BUSINESS	EMAIL

White – SPAR Yellow - Liaison Pink - Club
Revised: 07/02