



# Minnesota Women of Today

## Chapter Officer Sheet<sup>4</sup>

PLEASE TYPE OR PRINT. Immediately following your elections send one (1) copy of this form to your District Director and one (1) copy to the: Chapter Service Center, PO Box 216, Albany MN 56307.

20\_\_\_\_ - 20\_\_\_\_

Chapter Name \_\_\_\_\_ Meeting Night \_\_\_\_\_

PO Box \_\_\_\_\_ District \_\_\_\_\_

Email address to be used for notifications to chapter \_\_\_\_\_

Does the chapter want printed CIPs Yes or No (circle one)

Does the chapter want printed State POA Yes or No (circle one)

President \_\_\_\_\_ Phone \_\_\_\_\_

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

State Delegate \_\_\_\_\_ Phone \_\_\_\_\_

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

Programing VP \_\_\_\_\_ Phone \_\_\_\_\_

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

Membership VP \_\_\_\_\_ Phone \_\_\_\_\_

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

Secretary \_\_\_\_\_ Phone \_\_\_\_\_

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

Treasurer \_\_\_\_\_ Phone \_\_\_\_\_

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

Past President \_\_\_\_\_ Phone \_\_\_\_\_

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

<sup>4</sup> Chapter Officer Sheet | Revised 2011 | Reviewed 01/18/14 by CMVP  
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