

## 2016-2017 COUNTY OFFICERS

County Location \_\_\_\_\_ District # \_\_\_\_\_

Does your County meet?  Yes  No      How often does your County meet? \_\_\_\_\_

Please return ASAP –  
Information will not be updated at Department Headquarters  
until current form is received.  
**PLEASE PRINT** and provide all information that is requested

### **President**

Name \_\_\_\_\_ Unit # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email: \_\_\_\_\_

### **Vice President**

Name \_\_\_\_\_ Unit # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Secretary**

Name \_\_\_\_\_ Unit # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### **Treasurer**

Name \_\_\_\_\_ Unit # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_