

Submitted By: _____

State Association Officer Election

Form V-S Rev 03/2024

Address: _____

Send Completed Form(s) to:

City: _____ State/Prov. _____ ZIP/PC _____

National Square Dance Campers Assoc., Inc.

Ph. _____ Email _____

P. O. Box 241

Association Name: _____

Butler, WI 53007-9998



Make two copies: Send one to National Address; Keep one copy for your Organization files.

STATE ASSOCIATION ELECTION

Election Date _____ Term of Office ____ (Yrs) Date Reported _____

Association Representative:

Name: _____ Email _____

Address: _____ Phone _____

City: _____ State/Province _____ Zip + 4/PC _____

NEW Officers: (In Coming)

Chapter # _____ President: _____

Email: _____

Chapter # _____ Vice President: _____

Email: _____

Chapter # _____ Secretary: _____

Email: _____

Chapter # _____ Treasurer: _____

Email: _____

OLD Officers: (Out Going)

Chapter # _____ President: _____

Chapter # _____ Vice President: _____

Chapter # _____ Secretary: _____

Chapter # _____ Treasurer: _____