

Submitted By: _____

Chapter Officer Election

Form V-C 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

Chapter # _____ Chapter Name: _____

Butler, WI 53007-9998



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

Chapter Officers Election

NSDCA Contact Information Section:

Chapter Contact Person:

(Who are we to notify of new prospects in area?)

Chapter Membership Person

(Who are we to contact about Membership questions?)

Name _____

Name _____

Email: _____

Email: _____

Address _____

Address _____

City/Town _____

City/Town _____

State/Province _____ Zip 4/PC _____

State/Province _____ Zip 4/PC _____

Phone _____

Phone _____

Elected Officers Section: Election Date _____ Term of Office ____ (Yrs) Date Reported _____

PRESIDENT: _____ Phone _____

Address: _____ **Email:** _____

City: _____ **State/Prov** _____ **ZIP+4/PC** _____

VICE PRESIDENT: _____ Phone _____

Address: _____ **Email:** _____

City: _____ **State/Prov** _____ **ZIP+4/PC** _____

SECRETARY: _____ Phone _____

Address: _____ **Email:** _____

City: _____ **State/Prov** _____ **ZIP+4/PC** _____

TREASURER: _____ Phone _____

Address: _____ **Email:** _____

City: _____ **State/Prov** _____ **ZIP+4/PC** _____

=====
NOTE: If any of the addresses are not the same as on the National Chapter Membership Roster, Please submit a Form III.