

ORTA CHAPTER OFFICER ANNUAL FORM

DUE JULY 31ST EACH YEAR

Please note: Denote any vacancies with the word "vacant" and update with the state office when a member takes that office. Thank you.

FOR YEAR: _____ COUNTY/CHAPTER: _____

YOUR NAME & CHAPTER POSITION: _____

PRESIDENT: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

VICE-PRESIDENT: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

SECRETARY: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

TREASURER: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

MEETING DATES:

(Actual dates or "Third Tuesdays")

--

MEETING LOCATION(S)

(Please include addresses)

--

