

Report of Officers

REPORT OF ELECTIVE and APPOINTIVE OFFICERS for year _____

Please complete with election results immediately. Send one copy to the Chapter Development Department and retain one copy for your file.

Chapter No.	City	State	
Elected Officers	Full Name (print or type)	Email Address	
President			
Vice President			
Secretary			
Treasurer			
Auditor			

*Appointive Officers -- Optional (Record on Page 2)

Name of officer completing report

Date completed

Woman's Life Insurance Society[®] A Fraternal Benefit Society 1338 Military Street PO Box 5020 Port Huron, MI 48061-5020 800.521.9292 810.985.5191 www.womanslife.org

APPOINTIVE OFFICERS (Optional)

Appointive Officers*	Full Name (print or type)	Email Address
Chaplain		
Press Correspondent		
Photographer		
Coordinator of Good Times		