

**DISTRICT \_\_\_\_\_ COMMITTEE CHAIRS**

Name of Person Reporting: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Terms Begin: \_\_\_\_\_

Terms End: \_\_\_\_\_

Please print or type. See your membership printout for identification numbers.

**ASTRA ID#** \_\_\_\_\_

**Finances ID#** \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

(C) \_\_\_\_\_ (F) \_\_\_\_\_

(C) \_\_\_\_\_ (F) \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

**Bylaws, Resolutions and Recommendations ID#** \_\_\_\_\_

**Foundation Liaison ID#** \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

(C) \_\_\_\_\_ (F) \_\_\_\_\_

(C) \_\_\_\_\_ (F) \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

**Communications ID#** \_\_\_\_\_

**Leadership ID#** \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

(C) \_\_\_\_\_ (F) \_\_\_\_\_

(C) \_\_\_\_\_ (F) \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

**Editor ID#** \_\_\_\_\_

**Literacy ID#** \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

(C) \_\_\_\_\_ (F) \_\_\_\_\_

(C) \_\_\_\_\_ (F) \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

**(Please Continue)**

**Membership Development ID#** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

(C) \_\_\_\_\_ (F) \_\_\_\_\_

E-Mail \_\_\_\_\_

**New Club Building ID#** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

(C) \_\_\_\_\_ (F) \_\_\_\_\_

E-Mail \_\_\_\_\_

**Nominating ID#** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

(C) \_\_\_\_\_ (F) \_\_\_\_\_

E-Mail \_\_\_\_\_

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