

ROSTER OF DISTRICT OFFICERS

District: _____

Terms Begin: _____

Terms End: _____

Please print or type. See your membership printout for identification numbers.
After your elections, please return this form to Altrusa International.
Remember to keep a copy for your District files. Thank you.

Governor ID# _____

Name: _____

Address: _____

City/State/Zip: _____

Phone (H) _____ (B) _____

(C) _____ (F) _____

E-Mail _____

First Vice Governor ID# _____

Name: _____

Address: _____

City/State/Zip: _____

Phone (H) _____ (B) _____

(C) _____ (F) _____

E-Mail _____

Second Vice Governor ID# _____

Name: _____

Address: _____

City/State/Zip: _____

Phone (H) _____ (B) _____

(C) _____ (F) _____

E-Mail _____

Governor-Elect ID# _____

Name: _____

Address: _____

City/State/Zip: _____

Phone (H) _____ (B) _____

(C) _____ (F) _____

E-Mail _____

Immediate Past Governor ID# _____

Name: _____

Address: _____

City/State/Zip: _____

Phone (H) _____ (B) _____

(C) _____ (F) _____

E-Mail _____

Treasurer ID# _____

Name: _____

Address: _____

City/State/Zip: _____

Phone (H) _____ (B) _____

(C) _____ (F) _____

E-Mail _____

Secretary ID# _____

Name: _____

Address: _____

City/State/Zip: _____

Phone (H) _____ (B) _____

(C) _____ (F) _____

E-Mail _____

Director ID# _____

Name: _____

Address: _____

City/State/Zip: _____

Phone (H) _____ (B) _____

(C) _____ (F) _____

E-Mail _____

(Please Continue)

Director ID# _____

Name: _____

Address: _____

City/State/Zip: _____

Phone (H) _____ (B) _____

(C) _____ (F) _____

E-Mail _____

Date this roster is being submitted _____

Please provide the name, officer's title and daytime phone
Number of person submitting this report: _____

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