

## Local Organization Information

### Submit to: 2017-18 Executive Assistant, Beth Mitchell

150 Hickory Dr., Apt. A10., Madisonville, KY 42431 or email: elizabethm77@att.net

Please send as soon as possible after elections

Local Organization \_\_\_\_\_

Meeting day and time \_\_\_\_\_

Location \_\_\_\_\_

Meeting Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

*(Indicate information that may be placed on KFBPW Website by checking the box in front of the information)*

### LOCAL EXECUTIVE COMMITTEE (Please print or type)

**President** \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**President-Elect** \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**1<sup>st</sup> Vice President** \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**2<sup>nd</sup> Vice President** \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Recording Secretary** \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Corresponding Secretary** \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Treasurer** \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Parliamentarian** \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail \_\_\_\_\_