

SEND TO GSNA STATE HEADQUARTERS OFFICE BY MARCH 15.

IF NOT RECEIVED, INFORMATION WILL NOT BE IN NEXT YEAR'S HANDBOOK AND FUTURE CORRESPONDENCE WILL NOT BE MAILED WITHOUT THIS INFORMATION!

ELECTED OFFICERS FOR YEAR _____

DISTRICT NUMBER _____

CHAPTER ID _____ **(example: 01 Z) CHAPTER/COUNTY NAME:** _____

PRESIDENT

Name

Home Address Home Telephone Number

City State Zip

Work Address (including school's or BOE's full name)

City State Zip

Work Telephone Number Fax Number

e-mail address

PRESIDENT-ELECT

Name

Home Address Home Telephone Number

City State Zip

Work Address (including school's or BOE's full name)

City State Zip

Work Telephone Number Fax Number

e-mail address

COMPLETE BACK SIDE OF THIS FORM WITH SECRETARY and TREASURER INFORMATION →

SECRETARY

Name

Home Address

Home Telephone Number

City

State

Zip

Work Address (including school's or BOE's full name)

City

State

Zip

Work Telephone Number

Fax Number

e-mail address

TREASURER

Name

Home Address

Home Telephone Number

City

State

Zip

Work Address (including school's or BOE's full name)

City

State

Zip

Work Telephone Number

Fax Number

e-mail address