

GSNA District/Local Officers for 2024-2025

SEND TO GSNA STATE HEADQUARTERS OFFICE BY MARCH 1, 2024.

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 THE NEXT PAGE OF THIS FORM WITH SECRETARY and TREASURER INFORMATION

GSNA District/Local Officers for 2024-2025

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

PUBLIC POLICY & LEGISLATION CHAIR

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