



LOCAL OFFICER FORM

LOCAL: _____ **YEAR:** _____

LOCAL PRESIDENT:

PHONE: _____
ADDRESS: _____
EMAIL: _____

LOCAL V. PRESIDENT:

PHONE: _____
ADDRESS: _____
EMAIL: _____

LOCAL TREASURE:

PHONE: _____
ADDRESS: _____
EMAIL: _____

LOCAL MEMBERSHIP:

PHONE: _____
ADDRESS: _____
EMAIL: _____

LOCAL LEGISLATIVE:

PHONE: _____
ADDRESS: _____
EMAIL: _____

LOCAL HEALTH & INS:

PHONE: _____
ADDRESS: _____
EMAIL: _____