***INNER WHEEL U.S.A. DISTRICT/CLUB/OFFICER LIST FOR YEAR ­­­­­\_\_\_\_\_\_***

***(You may email information requested to National Secretary before March 1st.)***

***District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**SECRETARY NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MEMBER B/D (MO/DAY)\_\_\_\_\_\_\_\_\_, ANNIVERSARY: \_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, STATE: \_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_

TEL # (H): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (CELL): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRESIDENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MEMBER B/D (MO/DAY)\_\_\_\_\_\_\_\_, ANNIVERSARY: \_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

TEL # (H): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (CELL): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. PRESIDENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MEMBER B/D (MO/DAY)\_\_\_\_\_\_\_\_, ANNIVERSARY: \_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

TEL # (H): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (CELL): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TREASURER NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MEMBER B/D (MO/DAY)\_\_\_\_\_\_\_\_, ANNIVERSARY: \_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

TEL # (H): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (CELL): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOUNDATION COORDINATOR NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MEMBER B/D (MO/DAY)\_\_\_\_\_\_\_\_, ANNIVERSARY: \_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

TEL # (H): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (CELL): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDITOR NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MEMBER B/D (MO/DAY)\_\_\_\_\_\_\_\_, ANNIVERSARY: \_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

TEL # (H): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (CELL): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*2/27/2019GB*