



**PERI Chapter Information Report for the Year: \_\_\_\_\_**

County: \_\_\_\_\_ Chapter No: \_\_\_\_\_ District No.: \_\_\_\_\_

Name and Location of Bank: \_\_\_\_\_

Account Name and Number: \_\_\_\_\_

President: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Vice-President: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Secretary: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Legislative Officer: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Chapter Meeting Information**

Our Chapter Meets:

1st  2<sup>nd</sup>  3rd  4th week      On:  Mon  Tues  Wed  Thu  Fri

In:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Meeting Location: \_\_\_\_\_

Time of Meeting: \_\_\_\_\_ Chapter Dues: \_\_\_\_\_ No. Members: \_\_\_\_\_

**This form should be sent (by mail or e-mail) to the PERI state office following the installation of officers.**