

Chapter Information For The Year: _____

COUNTY: _____ CHAPTER NO: _____ DISTRICT NO.: _____

Name and Location of Bank: _____

Account Name and Number: _____

President: _____ Membership No.: _____

Address: _____
(Street No. - Street - Apt. No.) OR (PO Box) City - State - Zip

Phone: _____ - _____ - _____ E-Mail: _____

Vice-President: _____ Membership No. _____

Address: _____
(Street No. - Street - Apt. No.) OR (PO Box) City - State - Zip

Phone: _____ - _____ - _____ E-Mail: _____

Secretary: _____ Membership No.: _____

Address: _____
(Street No. - Street - Apt. No.) OR (PO Box) City - State - Zip

Phone: _____ - _____ - _____ E-Mail: _____

Treasurer: _____ Membership No.: _____

Address: _____
(Street No. - Street - Apt. No.) OR (PO Box) City - State - Zip

Phone: _____ - _____ - _____ E-Mail: _____

Legislative Officer: _____ Membership No. _____

Address: _____
(Street No. - Street - Apt. No.) OR (PO Box) City - State - Zip

Phone: _____ - _____ - _____ E-Mail: _____

Chapter Meeting Information

Our Chapter Meets:

On the: 1st 2nd 3rd 4th week of the month On: Mon Tues Wed Thur Fri

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

Meeting Location: _____
Facility name - Room name (if any) - Address - City - Phone number including area code

Time of Meeting: _____ Annual Dues: \$ _____ No. of Annual Members: _____
Life Dues (if applicable): \$ _____ No. of Life Members (if applicable): _____

INSTRUCTIONS:

This form should be sent to the PERI state office no later than December 31 for the upcoming year. Each time there is a change in officers, or meeting information, please send a new form to the office. You may email the form, or print and mail the form to PERI, 659-F Park Meadow Road, Westerville, OH 43081.