



AMERICAN TURNERS

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FOUNDED 1848

AMERICAN TURNERS DISTRICT OFFICERS

DISTRICT NAME _____ EMAIL ADDRESS _____

MAILING ADDRESS – C/O _____ CITY _____ STATE _____ ZIP _____
(NAME & TITLE)

DISTRICT OFFICERS TERM EXPIRATION DATE _____

Name	Home Address	City	State	Zip Code	Area Code & Phone No.	Email Address
NATIONAL COUNCIL REP.	_____	_____	_____	_____	_____	_____
PRESIDENT	_____	_____	_____	_____	_____	_____
VICE PRES.	_____	_____	_____	_____	_____	_____
SECRETARY	_____	_____	_____	_____	_____	_____
FINANCIAL SEC'Y	_____	_____	_____	_____	_____	_____
RECORDING SEC'Y	_____	_____	_____	_____	_____	_____
TREASURER	_____	_____	_____	_____	_____	_____
DISTRICT LEADER	_____	_____	_____	_____	_____	_____

DISTRICT REPRESENTATIVES ON NATIONAL COMMITTEES:

NATIONAL HEALTH & PHYS. ED. COMMITTEE _____

NATIONAL CULTURAL COMMITTEE _____

NATIONAL BOWLING COMMITTEE _____

DISTRICT LEGAL COUNSEL _____

PLEASE RETURN THIS FORM TO THE NATIONAL OFFICE BY APRIL 1