

Date of this form _____

AMERICAN TURNERS



DUE BY APRIL 1ST!!

111 S. LINCOLNWAY STE A-1, NORTH AURORA, IL 60542 Ph: (630)299-3072 Fax: (630) 701-2430 EMAIL: NATIONALOFFICE@AMTURNERS.ORG

NATIONAL DIRECTORY INFORMATION

SOCIETY (CHARTER OR LEGAL NAME) _____

SOCIETY ADDRESS _____ CITY _____ STATE _____ ZIP _____

DISTRICT _____ SOCIETY TELEPHONE NUMBER (____) _____ SOCIETY EMAIL CONTACT _____

THE TERMS OF THE FOLLOWING OFFICERS EXPIRE _____

(Date)

Name	Home Address	City	State	Zip Code	Area Code & Phone No.	Email Address
PRESIDENT	_____	_____	_____	_____	_____	_____
VICE PRES.	_____	_____	_____	_____	_____	_____
SECRETARY	_____	_____	_____	_____	_____	_____
TREASURER	_____	_____	_____	_____	_____	_____
MEMBERSHIP SEC'Y	_____	_____	_____	_____	_____	_____
PHYS. ED. CHAIR	_____	_____	_____	_____	_____	_____
BOWLING CHAIR	_____	_____	_____	_____	_____	_____
GYM INSTRUCTOR	_____	_____	_____	_____	_____	_____
2019 NATIONAL FESTIVAL CHAIR	_____	_____	_____	_____	_____	_____
VOLLEYBALL CHAIR	_____	_____	_____	_____	_____	_____
SOFTBALL CHAIR	_____	_____	_____	_____	_____	_____
GOLF CHAIR	_____	_____	_____	_____	_____	_____
CULTURAL CHAIR	_____	_____	_____	_____	_____	_____
Unlinsted Seats	_____	_____	_____	_____	_____	_____

RETURN THIS FORM TO THE NATIONAL OFFICE BY APRIL 1ST EACH YEAR. IF YOU ARE HAVING AN ELECTION OF OFFICERS BEFORE APRIL 1, PLEASE WAIT UNTIL AFTER THE ELECTION TO COMPLETE AND RETURN THIS FORM. THANK YOU FOR YOUR COOPERATION.