

P.O. Box 3211 Milwaukee WI 53201-3211 414-273-6266 Telephone 414-278-6535 Fax 800-927-2547 Toll-Free catholicfinanciallife.org

For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233

CHAPTER OFFICER REPORT for	(enter	year)
----------------------------	--------	-------

Officers are asked to serve for a term of two years following election. Recommend elections be held every other year, with terms beginning in even numbered years. Please notify the home office if there is a change of officer between elections.

	•	Location:		
President: (Mu	st be financial i	member and Catholic)		New to this position this year?
Name:			Nickname:	Spouse name:
Address:			City:	State: Zip:
		Work No.: (		Fax No.: ( )
Vice President:	(Must be final	ncial member and Catholi	c)	New to this position this year?
Name:			Nickname:	Spouse name:
Address:			City:	State: Zip:
				Fax No.: ( )
Secretary: (Mu	st be financial i	member and Catholic)		New to this position this year?
Name:			Nickname:	Spouse name:
Address:			City:	State: Zip:
			`	<b>–</b> /
Home No.: (		Work No.: (		
Home No.: ( E-Mail Address:				
Home No.: ( E-Mail Address: Co	mplete Treasure			
Home No.: ( E-Mail Address: Co Treasurer: (Mu	mplete Treasure	er contact information only	r if Treasurer is a di	fferent person than the Secretary.
Home No.: ( E-Mail Address:  Co  Treasurer: (Mu  Name:	mplete Treasure	er contact information only member and Catholic)	r if Treasurer is a di	fferent person than the Secretary.  New to this position this year?  Spouse name:
Home No.: ( E-Mail Address:  Co  Treasurer: (Mu  Name:  Address:	mplete Treasurd est be financial	er contact information only member and Catholic)	v if Treasurer is a di  Nickname:  City:	fferent person than the Secretary.  New to this position this year?  Spouse name:  State: Zip:
Home No.: ( E-Mail Address:  Co Treasurer: (Mu Name: Address: Home No.: ( E-Mail Address:	mplete Treasure est be financial	er contact information only member and Catholic)	vif Treasurer is a di Nickname: City:	fferent person than the Secretary.  New to this position this year?  Spouse name: State: Zip:  Fax No.: ( )
Home No.: ( E-Mail Address:  Co Treasurer: (Mu Name:  Address: Home No.: ( E-Mail Address:  Public Relation	mplete Treasure st be financial  )  s Coordinator	er contact information only member and Catholic)  Work No.: (  Wust be financial or so	vif Treasurer is a di  Nickname:  City: )  cial member)	fferent person than the Secretary.  New to this position this year?
Home No.: ( E-Mail Address:  Co Treasurer: (Mu Name: Address: Home No.: ( E-Mail Address: Public Relation Name:	mplete Treasure st be financial  )  s Coordinator	er contact information only member and Catholic)  Work No.: ( : (Must be financial or so	vif Treasurer is a di  Nickname:  City: )  cial member)  Nickname:	fferent person than the Secretary.  New to this position this year?  Spouse name:  State:  Fax No.: ( )  New to this position this year?

Membership Co	ordinator: (M	lust be financial or social i	member)	New to this position this year?
Name:			Nickname:	Spouse name:
Address:			City:	State: Zip:
Home No.: (	)	Work No.: (	)	Fax No.: ( )
E-Mail Address:				
Activity Coordin	nator: (Must b	e financial or social memi	ber)	New to this position this year?
Name:			Nickname:	Spouse name:
Address:			City:	State: Zip:
				Fax No.: ( )
Activity Coordin	nator: (Must b	e financial or social memi	ber)	New to this position this year?
Name:			Nickname:	Spouse name:
Address:			City:	State: Zip:
				Fax No.: ( )
Activity Coordin	nator: (Must b	e financial or social meml	ber)	New to this position this year?
Name:			Nickname:	Spouse name:
Address:			City:	State: Zip:
				Fax No.: ( )
Trustee: (Must l	be financial or :	social member)		New to this position this year?
Name:			Nickname:	Spouse name:
Address:			City:	State: Zip:
		Work No.: (		Fax No.: ( )
Trustee: (Must l	be financial or s	social member)		New to this position this year?
Name:			Nickname:	Spouse name:
Address:			City:	State: Zip:
Home No.: (	)	Work No.: (	)	Fax No.: ( )
E-Mail Address:				
Trustee: (Must l	be financial or :	social member)		New to this position this year?
Name:			Nickname:	Spouse name:
Address:			City:	State: Zip:
Home No.: (	)	Work No.: (	)	Fax No.: ( )
E-Mail Address:				

Spiritual Advisor: (Appointed position)		New to this position this year?
Name:	Nickname:	Spouse name:
Address:	City:	State: Zip:
Home No.: ( ) Work No.: (	)	Fax No.: ( )
E-Mail Address:		
Color Bearer: (Optional position. Must be financial or s	ocial member)	New to this position this year?
Name:	Nickname:	Spouse name:
Address:	City:	State: Zip:
Home No.: ( ) Work No.: (	)	Fax No.: ( )
E-Mail Address:		
Sentinel: (Optional position. Must be financial or social	member)	New to this position this year?
Name:	Nickname:	Spouse name:
Address:	City:	State: Zip:
Home No.: ( ) Work No.: (	)	Fax No.:(  )
E-Mail Address:	·	