

EGA Chapter Officers

Chapter: _____ Effective Date: _____

Chapter Address: Fill out **ONLY** if all officers are to receive chapter mail at a permanent address. If this space is used, **DO NOT** fill out resident addresses for each officer: give only their names, telephone, fax, and email numbers.

Street Address: _____

City/State/Zip: _____

Web site: _____

President: Name: _____

ID _____ Street Address: _____

City/State/Zip _____

Telephone _____ Fax: _____ Email: _____

Secretary: Name: _____

ID _____ Street Address: _____

City/State/Zip _____

Telephone _____ Fax: _____ Email: _____

Treasurer: Name: _____

ID _____ Street Address: _____

City/State/Zip _____

Telephone _____ Fax: _____ Email: _____

Region Rep: Name: _____

ID _____ Street Address: _____

City/State/Zip _____

Telephone _____ Fax: _____ Email: _____

Program Chairman: Name: _____

ID _____ Street Address: _____

City/State/Zip _____

Telephone _____ Fax: _____ Email: _____

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Membership

Chairman: Name: _____

ID _____ Street Address: _____

City/State/Zip _____

Telephone _____ Fax: _____ Email: _____

*NOTE: Please complete the Membership Chairman area, even if you do not elect or appoint a chairman. We must have someone responsible for accepting membership data.

Education

Chairman: Name: _____

ID _____ Street Address: _____

City/State/Zip _____

Telephone _____ Fax: _____ Email: _____

Newsletter: Name: _____

ID _____ Street Address: _____

City/State/Zip _____

Telephone _____ Fax: _____ Email: _____

Vice

President: Name: _____

ID _____ Street Address: _____

City/State/Zip _____

Telephone _____ Fax: _____ Email: _____

Additional Officers:

Office Name: _____

ID _____ Name: _____

Street Address: _____

City/State/Zip _____

Telephone _____ Fax: _____ Email: _____

Office Name: _____

ID _____ Name: _____
Street _____
Address: _____
City/State/Zip _____
Telephone _____ Fax: _____ Email: _____

Office Name: _____

ID _____ Name: _____
Street _____
Address: _____
City/State/Zip _____
Telephone _____ Fax: _____ Email: _____

Office Name: _____

ID _____ Name: _____
Street _____
Address: _____
City/State/Zip _____
Telephone _____ Fax: _____ Email: _____

Send a copy of the completed form within 2 weeks after election to:

Sydney Mace
1075 Maplewood Court
Hendersonville
NC 28791

Or by email attachment to: sydneymace@yahoo.com

Sydney will forward a copy of the form to EGA HQ, as well as to other interested parties in the Carolinas Region.