



**New York State Women Inc.
Local Chapter Officers Form**

Local Chapter: _____ **District:** _____

President

Name: _____

Address: _____

City/State/Zip: _____

Telephone:

B: _____ **H:** _____

Fax: _____ **E-mail:** _____

Cell: _____

President-elect or Vice President

Name: _____

Address: _____

City/State/Zip: _____

Telephone:

B: _____ **H:** _____

Fax: _____ **E-mail:** _____

Treasurer

Name: _____

Address: _____

City/State/Zip: _____

Telephone:

B: _____ **H:** _____

Fax: _____ **E-mail:** _____

Cell: _____



Membership Chair:

Name: _____

Address: _____

City/State/Zip: _____

Telephone:

B: _____ **H:** _____

Fax: _____ **E-mail:** _____

Cell: _____

(Office) _____:

Name: _____

Address: _____

City/State/Zip: _____

Telephone:

B: _____ **H:** _____

Fax: _____ **E-mail:** _____

Cell: _____

Please send as soon as possible after elections, to:

President-Elect: preselect@nyswomeninc.org