



New York State Women Inc. Region Officers Form

Region: _____

Region Director

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

B: _____ H: _____

Fax: _____ E--mail: _____

Cell: _____

Assistant Region Director:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

B: _____ H: _____

Fax: _____ E-mail: _____

Cell: _____

Secretary:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

B: _____ H: _____

Fax: _____ E-mail: _____

Cell: _____



Treasurer:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

B: _____ H: _____

F: _____ E-mail: _____

Cell: _____

Please send as soon as possible after elections, to:

President-Elect – preselect@NYSWomeninc.org