

Date of this form _____

AMERICAN TURNERS

DUE BY APRIL 1ST!!

PO Box 696, NORTH AURORA, IL 60542 Ph: (630)389-7087 EMAIL: NATIONALOFFICE@AMTURNERS.ORG



NATIONAL DIRECTORY INFORMATION

SOCIETY (CHARTER OR LEGAL NAME) _____

SOCIETY ADDRESS _____ CITY _____ STATE _____ ZIP _____

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

SOCIETY WEBSITE/SOCIAL MEDIA _____ SOCIETY BUILDING? Yes (own) Yes (rent) No Non Profit Status? _____

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	_____	_____	_____	_____	_____	_____
NATIONAL FESTIVAL CHAIR	_____	_____	_____	_____	_____	_____
VOLLEYBALL CHAIR	_____	_____	_____	_____	_____	_____
SOFTBALL CHAIR	_____	_____	_____	_____	_____	_____
GOLF CHAIR	_____	_____	_____	_____	_____	_____
CULTURAL CHAIR	_____	_____	_____	_____	_____	_____
Unlisted 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 NOTIFY THE OFFICE & WAIT UNTIL AFTER TO COMPLETE AND RETURN THIS FORM. THANK YOU FOR YOUR COOPERATION.