

*We are asking all chapters to please submit current officer information ASAP after elections in November or December. Officers are to serve from January 1 through December 31. Thanks for your cooperation.*

## **LOCAL CHAPTER OFFICER ROSTER**

Chapter Name: \_\_\_\_\_ Chapter #: \_\_\_\_\_ Region: \_\_\_\_\_

Website Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Chapter Address: \_\_\_\_\_  
P.O. Box # or Street Address City Zip

General Meeting -- Day: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**PLEASE PRINT** -- This information is what will appear in the State Directory. Please make sure all information is accurate.

PRESIDENT: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address City State Zip

H: ( ) B: ( )

F: ( ) email: \_\_\_\_\_

STATE DIR: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address City State Zip

H: ( ) B: ( )

F: ( ) email: \_\_\_\_\_

TREASURER: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address City State Zip

H: ( ) B: ( )

F: ( ) email: \_\_\_\_\_

CDVP: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address City State Zip

H: ( ) B: ( )

F: ( ) email: \_\_\_\_\_

IDVP: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address City State Zip

H: ( ) B: ( )

F: ( ) email: \_\_\_\_\_

MDVP: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address City State Zip

H: ( ) B: ( )

F: ( ) email: \_\_\_\_\_

MEMB VP: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address City State Zip

H: ( ) B: ( )

F: ( ) email: \_\_\_\_\_

SECRETARY: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address City State Zip

H: ( ) B: ( )

F: ( ) email: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address City State Zip

H: ( ) B: ( )

F: ( ) email: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address City State Zip

H: ( ) B: ( )

F: ( ) email: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address City State Zip

H: ( ) B: ( )

F: ( ) email: \_\_\_\_\_

RETURN TO: The Illinois Jaycees  
6405 Canadian Cross Drive  
Springfield, IL 62707-7386

OR  
OR

FAX: 217-529-5293  
EMAIL: servicecenter@iljayees.org