

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