



OFFICER REPORT

(Please Type or Print)

CHAPTER CSO REPORT

CHAPTER OR DEPARTMENT _____

LOCATION - CITY _____ STATE _____

DATE OF ANNUAL ELECTION _____ DATE OF INSTALLATION _____

ADDRESS OF REGULAR MEETINGS _____

WEB SITE ADDRESS: _____ CHAPTER PHONE: _____

OFFICERS ELECTED FOR YEAR BEGINNING: _____ 20 _____ ENDING _____ 20 _____

CSO OFFICER

NAME _____

MAILING ADDRESS _____

CITY/ STATE/ZIP _____

MEMBER CODE: _____ TEL() _____

E-MAIL _____ FAX _____

CSO OFFICER

NAME _____

MAILING ADDRESS _____

CITY/ STATE/ZIP _____

MEMBER CODE: _____ TEL() _____

E-MAIL _____ FAX _____

CSO OFFICER

NAME _____

MAILING ADDRESS _____

CITY/ STATE/ZIP _____

MEMBER CODE: _____ TEL() _____

E-MAIL _____ FAX _____

CSO OFFICER

NAME _____

MAILING ADDRESS _____

CITY/ STATE/ZIP _____

MEMBER CODE: _____ TEL() _____

E-MAIL _____ FAX _____

CSO OFFICER

NAME _____

MAILING ADDRESS _____

CITY/ STATE/ZIP _____

MEMBER CODE: _____ TEL() _____

E-MAIL _____ FAX _____

CSO OFFICER

NAME _____

MAILING ADDRESS _____

CITY/ STATE/ZIP _____

MEMBER CODE: _____ TEL() _____

E-MAIL _____ FAX _____

THE PRECEDING NAMES AND POSITIONS ARE HEREBY CERTIFIED.

(FORM MUST BE CERTIFIED BY THE NEW COMMANDER AND ADJUTANT)

SIGNED BY:
 COMMANDER: _____
 SIGNED BY
 ADJUTANT: _____