

2019 COURT OFFICER ELECTION REPORT

PLEASE COMPLETE AND RETURN THIS FORM BY FEBRUARY 15, 2019

(PLEASE TYPE OR PRINT CLEARLY)

Election Date: _____

Name of Court: _____

Court Number: _____ Date Instituted: _____

City: _____ State: _____

Meeting Location (name and address):

Meeting Time: _____ Week: _____ Day of Week: _____ a.m. p.m.

Church: _____

Pastor: _____ Diocese: _____

ELECTED OFFICER INFORMATION — THESE ELECTED OFFICERS REQUIRED

PRESIDENT Name: _____ Phone: (____) _____

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

SECRETARY Name: _____ Phone: (____) _____

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

TREASURER Name: _____ Phone: (____) _____

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

APPOINTED OFFICER INFORMATION — THESE APPOINTED OFFICERS NOT REQUIRED

SOCIAL MEDIA COORDINATOR Name: _____ Phone: (____) _____

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

OTHER Name: _____ Phone: (____) _____

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

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Address: _____ Email: _____
City: _____ State: _____ ZIP: _____

SECRETARY Name: _____ Phone: (____) _____
Address: _____ Email: _____
City: _____ State: _____ ZIP: _____

TREASURER Name: _____ Phone: (____) _____
Address: _____ Email: _____
City: _____ State: _____ ZIP: _____

APPOINTED OFFICER INFORMATION — THESE APPOINTED OFFICERS NOT REQUIRED

SOCIAL MEDIA COORDINATOR Name: _____ Phone: (____) _____
Address: _____ Email: _____
City: _____ State: _____ ZIP: _____

OTHER Name: _____ Phone: (____) _____
Address: _____ Email: _____
City: _____ State: _____ ZIP: _____