**BLINDED VETERANS**

 ASSOC I ATI ON

SERVING BLINDED VETERANS SINCE WORLD WAR II

REGIONAL GROUP OFFICER REPORT

PLEASE MAIL COPIES WITHIN 30 DAYS AFTER YOUR ELECTIONS TO:

O 1. BVA HEADQUARTERS ATTN: ADMINISTRATIVE DIRECTOR

O 2 BVA MEMBSHIP COORDINATOR

0 3. YOUR BVA DISTRICT DIRECTOR

THIS COMPLETED FORM IS HEREBY CERTIFIED BY THE NEW PRESIDENT AND SECRETARY



 SIGNED BY PRESIDENT SIGNED BY SECRETARY

REGIONAL GROUP NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICERS ELECTED FOR YEAR BEGINNING: \_\_\_\_\_\_\_\_\_ ENDING: \_\_\_\_\_\_\_\_\_\_\_

DATE OF ELECTION: \_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICERS INSTALLED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGIONAL GROUP OFFICERS:

|  |
| --- |
| President: |
| Name: Phone: |
| Address: |
| City-State-Zip: |
| Email: |

|  |
| --- |
| Vice President: |
| Name: Phone: |
| Address: |
| City-State-Zip: |
| Email: |

|  |
| --- |
| Secretary: |
| Name: Phone: |
| Address: |
| City-State-Zip: |
| Email:  |

|  |
| --- |
| Treasurer: |
| Name: Phone: |
| Address: |
| City-State-Zip: |
| Email: |

|  |
| --- |
| Other Officer Title: |
| Name: Phone: |
| Address: |
| City-State-Zip: |
| Email: |

|  |
| --- |
| Regional Group Volunteer Office Days M T W T F Hours |
| Name: Phone: |
| Address: |
| City-State-Zip: |
| Email: |

Date Mailed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

>Thank you for assisting us in maintaining up-to-date information on Regional Groups. Your cooperation is greatly appreciated.