



REGIONAL GROUP OFFICER REPORT

PLEASE MAIL COPIES WITHIN 30 DAYS AFTER YOUR ELECTIONS TO:

- 1 BVA HEADQUARTERS ATTN: ADMINISTRATIVE DIRECTOR
- 2 BVA MEMBERSHIP COORDINATOR
- 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.