**BLINDED VETERANS**

 **ASSOC I ATI ON**

**SERVING BLINDED VETERANS SINCE WORLD WAR II**

REGIONAL GROUP OFFICER REPORT

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| PLEASE MAIL OR EMAIL COPIES WITHIN 30 DAYS AFTER YOUR ELECTIONS TO:1. BVA HEADQUARTERS ATTN: DIRECTOR OF MEMBER RELATIONS2. BVA DISTRICT DIRECTOR |

 THIS COMPLETED FORM I S HEREBY CERTIFIED BY THE NEW PRESIDENT AND SECRETARY

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 SIGNED BY PRESIDENT SIGNED BY SECRETARY

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

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

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

REGIONAL GROUP OFFICERS:

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

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

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

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

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

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|  |

Date Mailed:

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

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