



REGIONAL GROUP OFFICER REPORT

PLEASE MAIL OR EMAIL COPIES WITHIN 30 DAYS AFTER YOUR ELECTIONS TO:

1. BVA HEADQUARTERS ATTN: DIRECTOR OF MEMBER RELATIONS
2. BVA DISTRICT DIRECTOR

THIS COMPLETED FORM IS 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:

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:	

Date Mailed:

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