ABATE OF WASHINGTON – CHAPTER INFORMATION SHEET

Please submit this completed form to the State Secretary

Chapter Name:	Date:
Mailing Address:	

CHAPTER MEETING INFORMATION

Business Day:	Time:
Location Address:	

OFFICER INFORMATION

COORDINATOR	DEPUTY
Name:	Name:
Phone:	Phone:
Email:	Email:
SECRETARY	**TREASURER**
Name:	Name:
Phone:	Phone:
Email:	Email:
BYLAWS	**LEGISLATIVE**
Name:	Name:
Phone:	Phone:
Email:	Email:
MEMBERSHIP	**NEWSLETTER**
Name:	Name:
Phone:	Phone:
Email:	Email:
PRODUCTS	**ROAD CAPTAIN**
Name:	Name:
Phone:	Phone:
Email:	Email:
SARGEANT OF ARMS	**WEBMASTER**
Name:	Name:
Phone:	Phone:
Email:	Email: