

**DIRECTORY OF CLUB OFFICERS
GEORGIA FEDERATION OF WOMEN'S CLUBS
COVERS YEAR _____**

*Mail original to State Office and Copy to District President and State Membership Chairman by June 1
Submit annually even if there are not changes*

CLUB NAME _____ **DISTRICT** _____ **TOTAL MEMBERS** _____

PERMANET CLUB ADDRESS : _____

President _____

Street or P. O. Box _____

City and Zip Code _____

Phone _____ Fax _____ E-mail _____

First Vice President _____

Street or P. O. Box _____

City and Zip Code _____

Phone _____ Fax _____ E-mail _____

Second Vice President _____

Street or P. O. Box _____

City and Zip Code _____

Phone _____ Fax _____ E-mail _____

Recording Secretary _____

Street or P. O. Box _____

City and Zip Code _____

Phone _____ Fax _____ E-mail _____

Corresponding Secretary _____

Street or P. O. Box _____

City and Zip Code _____

Phone _____ Fax _____ E-mail _____

Treasurer _____

Street or P. O. Box _____

City and Zip Code _____

Phone _____ Fax _____ E-mail _____

QUESTION: Do your club officers serve a one or two year term? _____ When are they installed? _____

The GaFWC and GFWC mailing list will be prepared with this information June 1, annually. To receive credit on the achievement Goal Sheet, this form must be returned by June 1. Please advise State of any changes during the year. Club Presidents should copy and distribute materials to proper persons. **Mail this form to GaFWC, P. O. Box 39, Tallulah Falls, GA 30573, Your District President & Elaine Chandler, State Membership Chairman, 6080 Hwy 42 N, Forsyth, GA 31029.**