

PILOT CLUB OFFICERS

Complete club officer's form and send to PI Headquarters by May 1. A copy should be sent to the District Governor. Club name and e-mail address (if provided) will be included in the "Find a Club" section of the Pilot Web site.

PILOT CLUB OF _____ DISTRICT _____
(City and State/Province/Prefecture)

Business Meeting: _____
(Day, i.e. 1st Thurs., and time) (Place)

Program Meeting: _____
(Day, i.e. 1st Thurs. and time) (Place)

Club's Web Page Address _____ Club's E-mail Address _____
(This address will be listed on the PI Web site with club name. You may use Club or President's e-mail address, or the address of any member responsible for checking messages.)

PRESIDENT:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: (____) _____ (____) _____ FAX _____
(Residence) (Business)

PRESIDENT ELECT:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: (____) _____ (____) _____ FAX _____
(Residence) (Business)

VICE PRESIDENT:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: (____) _____ (____) _____ FAX _____
(Residence) (Business)

TREASURER:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: (____) _____ (____) _____ FAX _____
(Residence) (Business)

RECORDING SECRETARY:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: (____) _____ (____) _____ FAX _____
(Residence) (Business)

CORRESPONDING SECRETARY:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: (____) _____ (____) _____ FAX _____
(Residence) (Business)

DIRECTOR/IMMEDIATE PAST PRESIDENT:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: (____) _____ (____) _____ FAX _____
(Residence) (Business)

ONE-YEAR DIRECTOR:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: (____) _____ (____) _____ FAX _____
(Residence) (Business)

TWO-YEAR DIRECTOR:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: (____) _____ (____) _____ FAX _____
(Residence) (Business)

PIF REPRESENTATIVE:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: () () FAX

(Residence) (Business)

ANCHOR COORDINATOR:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: () () FAX

(Residence) (Business)

ADDITIONAL OFFICER: TITLE

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: () () FAX

(Residence) (Business)

ADDITIONAL OFFICER: TITLE

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: () () FAX

(Residence) (Business)

ADDITIONAL OFFICER: TITLE

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Telephone: () () FAX

(Residence) (Business)