



NEW YORK DEMOLA'
tomorrow's leaders, today



Officers Address Report

Chapter Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____

Officer Term...	
<input type="checkbox"/>	Oct. 20____-Apr. 20____
<input type="checkbox"/>	Apr. 20____-Oct. 20____

Chapter Meeting Days: _____ Time: _____ Location: _____

Advisory Council Mtg Day: _____ Time: _____ Location: _____

Master Councilor

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ e-mail: _____

Senior Councilor

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ e-mail: _____

Junior Councilor

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ e-mail: _____

Scribe

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ e-mail: _____

Advisory Council Chairman

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ e-mail: _____

Chapter Dad

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ e-mail: _____