

PILOT CLUB OFFICERS

CLUB YEAR _____

Complete this form and send to PI Headquarters (clubservices@pilohtq.org) by May 1. Each club is required to submit this form **on or before the May 1** due date to insure more effective and efficient communication with PI Headquarters. **A copy should be sent to the incoming District Governor (Mary Turner turnerma417@gmail.com)**

CLUB NAME: _____ 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 Site _____ Club's E-mail _____
(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.)

Club's Facebook name: _____

PRESIDENT:

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

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

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

PRESIDENT ELECT:

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

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

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

VICE PRESIDENT:

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

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

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

TREASURER:

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

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

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

RECORDING SECRETARY:

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

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

Telephone: (____) (____) (____)
(Residence) (Business) (Cell)

CORRESPONDING SECRETARY:

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

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

Telephone: (____) (____) (____)
(Residence) (Business) (Cell)

DIRECTOR/IMMEDIATE PAST PRESIDENT:

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

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

Telephone: (____) (____) (____)
(Residence) (Business) (Cell)

ONE-YEAR DIRECTOR:

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

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

Telephone: (____) (____) (____)
(Residence) (Business) (Cell)

TWO-YEAR DIRECTOR:

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

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

Telephone: (____) (____) (____)
(Residence) (Business) (Cell)

PI REPRESENTATIVE:

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

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

Telephone: (____) (____) (____)
(Residence) (Business) (Cell)

ANCHOR COORDINATOR:

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

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

Telephone: (____) (____) (____)
(Residence) (Business) (Cell)

MEMBERSHIP CHAIR:

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

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

Telephone: (____) (____) (____)
(Residence) (Business) (Cell)

FUND RAISING CHAIR:

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

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

Telephone: (____) (____) (____)
(Residence) (Business) (Cell)

PROJECTS CHAIR:

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

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

Telephone: (____) (____) (____)
(Residence) (Business) (Cell)

LEADERSHIP DEVELOPMENT CHAIR:

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

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

Telephone: (____) (____) (____)
(Residence) (Business) (Cell)