

Regional Request for Information

Region

Please complete and return to the MSSA office no later than June 1, 2001.

Officers

Chairperson: _____ Member # _____

Term: From _____ To _____

Mailing Address: _____

E-mail: _____ Daytime Phone: _____

Vice Chairperson: _____ Member # _____

Term: From _____ To _____

Mailing Address: _____

E-mail: _____ Daytime Phone: _____

Secretary: _____ Member # _____

Term: From _____ To _____

Mailing Address: _____

E-mail: _____ Daytime Phone: _____

Treasurer: _____ Member # _____

Term: From _____ To _____

Mailing Address: _____

E-mail: _____ Daytime Phone: _____

Legislative Chair: _____ Member # _____

Term: From _____ To _____

Mailing Address: _____

E-mail: _____ Daytime Phone: _____

Other: _____ Member # _____

Term: From _____ To _____

Mailing Address: _____

E-mail: _____ Daytime Phone: _____

Delegates

Name: _____	Member # _____
Term: From _____ To _____	
E-mail: _____	Daytime Phone: _____
Name: _____	Member # _____
Term: From _____ To _____	
E-mail: _____	Daytime Phone: _____
Name: _____	Member # _____
Term: From _____ To _____	
E-mail: _____	Daytime Phone: _____
Name: _____	Member # _____
Term: From _____ To _____	
E-mail: _____	Daytime Phone: _____
Name: _____	Member # _____
Term: From _____ To _____	
E-mail: _____	Daytime Phone: _____
Name: _____	Member # _____
Term: From _____ To _____	
E-mail: _____	Daytime Phone: _____
Name: _____	Member # _____
Term: From _____ To _____	
E-mail: _____	Daytime Phone: _____
Name: _____	Member # _____
Term: From _____ To _____	
E-mail: _____	Daytime Phone: _____

Note: Use separate sheet of paper to list additional delegates.