

IAHCE Secretary Report Form

(Please send to the IAHCE Secretary on page 1 and your District Director on page 2 of the IAHCE Guidebook)

Year:	County Name	District #
Place :		
Day and Time:	Month of Annual Meeting:	
	(Ex: First Monday of Month)	
	Month Officers Take Office:	
OFFICE	NAME	ADDRESS
		CITY
		ZIP
		PHONE
		e-MAIL
PRESIDENT		
1ST VICE PRESIDENT		
2ND VICE PRESIDENT		
SECRETARY		21
TREASURER		
COMMUNITY		
OUTREACH		
CULTURAL		
ENRICHMENT		
FAMILY ISSUES		
INTERNATIONAL		
PUBLIC RELATIONS		
CVH		

(Use back side for more space.)