



# ANNUAL CHAPTER LEADERSHIP FORM

IRWA STAFF Entered <input type="text"/>
Verified <input type="text"/>

**IMPORTANT: PLEASE SUBMIT CHAPTER MINUTES TOGETHER WITH LIST OF THE NEWLY APPOINTED OFFICERS AS SOON AS POSSIBLE.**

## Term of Office:

Beginning Month <input type="text"/>	Beginning Year <input type="text"/>	Ending Month <input type="text"/>	Ending Year <input type="text"/>	Region # <input type="text"/>	Chapter # <input type="text"/>
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## Chapter Officers

### President:

Name	IRWA STAFF <input type="checkbox"/>
<input type="text"/>	
Phone	Member #
<input type="text"/>	<input type="text"/>
E-mail Address	
<input type="text"/>	

### President Elect:

Name	IRWA STAFF <input type="checkbox"/>
<input type="text"/>	
Phone	Member #
<input type="text"/>	<input type="text"/>
E-mail Address	
<input type="text"/>	

### Vice President:

Name	IRWA STAFF <input type="checkbox"/>
<input type="text"/>	
Phone	Member #
<input type="text"/>	<input type="text"/>
E-mail Address	
<input type="text"/>	

### Vice President:

Name	IRWA STAFF <input type="checkbox"/>
<input type="text"/>	
Phone	Member #
<input type="text"/>	<input type="text"/>
E-mail Address	
<input type="text"/>	

### Secretary:

Name	IRWA STAFF <input type="checkbox"/>
<input type="text"/>	
Phone	Member #
<input type="text"/>	<input type="text"/>
E-mail Address	
<input type="text"/>	

### Treasurer:

Name	IRWA STAFF <input type="checkbox"/>
<input type="text"/>	
Phone	Member #
<input type="text"/>	<input type="text"/>
E-mail Address	
<input type="text"/>	

### Assistant Treasurer/Secretary:

Name	IRWA STAFF <input type="checkbox"/>
<input type="text"/>	
Phone	Member #
<input type="text"/>	<input type="text"/>
E-mail Address	
<input type="text"/>	

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## Chapter International Directors

### Director / 1 Year:

Name IRWA STAFF   
  
Phone Member #  
   
E-mail Address

### Director / 2 year:

Name IRWA STAFF   
  
Phone Member #  
   
E-mail Address

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## Chapter Committee Leadership

### Chair, Education:

Name IRWA STAFF   
  
Phone Member #  
   
E-mail Address

### Chair, Professional Development:

Name IRWA STAFF   
  
Phone Member #  
   
E-mail Address

### Chair, Membership:

Name IRWA STAFF   
  
Phone Member #  
   
E-mail Address

### Newsletter Editor:

Name IRWA STAFF   
  
Phone Member #  
   
E-mail Address

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## Additional Committee

Committee and Position IRWA STAFF   
  
Name  
  
Phone Member #  
   
E-mail Address

Committee and Position IRWA STAFF   
  
Name  
  
Phone Member #  
   
E-mail Address

Committee and Position IRWA STAFF

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E-mail Address

Committee and Position IRWA STAFF

Name

Phone Member #

E-mail Address

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### Submitted by:

By initialing this form, I acknowledge that the above provided information is correct and complete.

Signing Officer Position Full Name IRWA STAFF Date