

LOCAL ASSOCIATION OFFICER AND INFORMATION FORM

For office use only
Date submitted:

This form must be **completed** and signed at the beginning of each fiscal year of the Local Association. Complete this form yearly even if your officers and their information does not change. Please use this form or recreate this **exact** form on your computer. Please do not use your local officers membership list. **Send one copy to ADAA Central Office** and one copy to your District Trustee.

Date: _____

Term Begins: _____ Term Ends: _____
mm/yy mm/yy

Local Association Name: _____

State: _____

Local Association Fiscal Year: _____

Are you governed by: Bylaws Rules of Governance

Bylaws or Rules of Governance Version: _____
(Date Adopted)

Local President

ID# _____

Name: _____

Address: _____

Home: _____

Work: _____

E-Mail: _____

Local Secretary

ID# _____

Name: _____

Address: _____

Home: _____

Work: _____

E-Mail: _____

Local Treasurer

ID# _____

Name: _____

Address: _____

Home: _____

Work: _____

E-Mail: _____

Local Roster Recipient

ID# _____

Name: _____

Address: _____

Home: _____

Work: _____

E-Mail: _____

Life Member Verification Contact

ID# _____

Name: _____

Address: _____

Home: _____

Work: _____

E-mail: _____

Local Rebate Recipient

ID# _____

Name: _____

Address: _____

Home: _____

Work: _____

E-mail: _____

Local Legislative Chairman

ID# _____

Name: _____

Address: _____

Home: _____

Work: _____

E-mail: _____

Local Bylaws Chairman

ID# _____

Name: _____

Address: _____

Home: _____

Work: _____

E-mail: _____

Local Membership Chairman

ID# _____

Name: _____

Address: _____

Home: _____

Work: _____

E-mail: _____

Send Original Form to:
American Dental Assistants Association
35 East Wacker Drive Suite 1730
Chicago, IL 60601-2211