

**EVERGREEN STATE VOLKSSPORT ASSOCIATION
CLUB LEADERSHIP ROSTER**

AVA # _____

Effective Date _____

Club Name _____

Mailing Address _____

Meeting Date: _____ Time: _____ Place: _____

Point of contact: _____

Phone (Work) _____ (Home) _____ (Cell) _____

E-mail: _____ # Club Members _____

Club Website URL: _____

President

Name _____

Address _____

Phone (Work) _____ (Home) _____ (Cell) _____

E-mail _____

Vice-President

Name _____

Address _____

Phone (Work) _____ (Home) _____ (Cell) _____

E-mail _____

Secretary

Name _____

Address _____

Phone (Work) _____ (Home) _____ (Cell) _____

E-mail _____

Treasurer

Name _____

Address _____

Phone (Work) _____ (Home) _____ (Cell) _____

E-mail _____

Representative to ESVA Meetings

Name _____

Address _____

Phone (Work) _____ (Home) _____ (Cell) _____

E-mail _____

Alternate Representative to ESVA Meetings

Name _____

Address _____

Phone (Work) _____ (Home) _____ (Cell) _____

E-mail _____

This form is to be used to report any changes in club officers and information. Submit to the ESVA Secretary either scanned and emailed or snail mailed. Secretary will forward to ESVA President, Web Master, NW Pathfinder & Area Coordinator. **DOES NOT REPLACE AVA FORM 201U**