

OFFICER CHANGE FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION WHEN YOUR OFFICERS CHANGE AND SEND TO HEADQUARTERS OFFICE: GCFP, LEE ANN STINE, 1525 CEDAR CLIFF DR, STE 103, CAMP HILL, PA 17701-7707, GCFP2@aol.com

CLUB NAME _____ DISTRICT _____ DATE OF ELECTION _____

PRESIDENT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

VICE-PRESIDENT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

SECRETARY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

TREASURER NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____