

Membership Chair

Name: _____

Address: _____

E-Mail: _____

Phone (H): _____ (C) _____

Legislative Chair

Name: _____

Address: _____

E-Mail: _____

Phone (H): _____ (C) _____

Principal

Name: _____

Address: _____

E-Mail: _____

Phone (H): _____ (C) _____

Reflections Chair

Name: _____

Address: _____

E-Mail: _____

Phone (H): _____ (C) _____

Citizenship Chair

Name: _____

Address: _____

E-Mail: _____

Phone (H): _____ (C) _____

Additional Person to be aware of

Title: _____

Name: _____

Address: _____

E-Mail: _____

Phone (H): _____ (C) _____

