

2015 – 2016 CHARTER BOARD OFFICERS - CHARTER:_____

| PRESIDENT: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| NAME | |
| JOB TITLE | |
| SCHOOL/DISTRICT | |
| ADDRESS | |
| WORK TELEPHONE | |
| CELL PHONE | |
| FAX NO | |
| EMAIL ADDRESS | |
| BOARD DELEGATE: | = |
| NAME | |
| JOB TITLE | |
| SCHOOL/DISTRICT | |
| ADDRESS | |
| WORK TELEPHONE | |
| CELL PHONE | |
| FAX NO | |
| EMAIL ADDRESS | |
| | |
| VICE PRESIDENT/LEGISLATIVE ACTION: | |
| NAME | |
| | |
| JOB TITLE | |
| JOB TITLE SCHOOL/DISTRICT | |
| · · · · · · · · · · · · · · · · · · · | |
| SCHOOL/DISTRICT | |
| SCHOOL/DISTRICT ADDRESS WORK TELEPHONE | |
| SCHOOL/DISTRICT ADDRESS | |
| SCHOOL/DISTRICT ADDRESS WORK TELEPHONE CELL PHONE FAX NO EMAIL ADDRESS | |
| SCHOOL/DISTRICT ADDRESS WORK TELEPHONE CELL PHONE FAX NO EMAIL ADDRESS | _ |
| SCHOOL/DISTRICT ADDRESS WORK TELEPHONE CELL PHONE FAX NO EMAIL ADDRESS VICE PRESIDENT/MEMBERSHIP: | _ |
| SCHOOL/DISTRICT ADDRESS WORK TELEPHONE CELL PHONE FAX NO EMAIL ADDRESS VICE PRESIDENT/MEMBERSHIP: NAME | _ |
| SCHOOL/DISTRICT ADDRESS WORK TELEPHONE CELL PHONE FAX NO EMAIL ADDRESS VICE PRESIDENT/MEMBERSHIP: NAME JOB TITLE | _ |
| SCHOOL/DISTRICT ADDRESS WORK TELEPHONE CELL PHONE FAX NO EMAIL ADDRESS VICE PRESIDENT/MEMBERSHIP: NAME JOB TITLE SCHOOL/DISTRICT | _ |
| SCHOOL/DISTRICT ADDRESS WORK TELEPHONE CELL PHONE FAX NO EMAIL ADDRESS VICE PRESIDENT/MEMBERSHIP: NAME JOB TITLE SCHOOL/DISTRICT ADDRESS | _ |
| SCHOOL/DISTRICT ADDRESS WORK TELEPHONE CELL PHONE FAX NO EMAIL ADDRESS VICE PRESIDENT/MEMBERSHIP: NAME JOB TITLE SCHOOL/DISTRICT ADDRESS WORK TELEPHONE | _ |
| SCHOOL/DISTRICT ADDRESS WORK TELEPHONE CELL PHONE FAX NO EMAIL ADDRESS VICE PRESIDENT/MEMBERSHIP: NAME JOB TITLE SCHOOL/DISTRICT ADDRESS | |

EMAIL ADDRESS _____

| TREASURER: | |
|-----------------|--|
| NAME | |
| JOB TITLE | |
| SCHOOL/DISTRICT | |
| ADDRESS | |
| WORK TELEPHONE | |
| CELL PHONE | |
| FAX NO | |
| EMAIL ADDRESS | |
| 05055451/ | |
| SECRETARY: | |
| NAME | |
| JOB TITLE | |
| SCHOOL/DISTRICT | |
| ADDRESS | |
| WORK TELEPHONE | |
| CELL PHONE | |
| FAX NO | |
| EMAIL ADDRESS | |
| OTUED. | |
| OTHER: | |
| NAME | |
| JOB TITLE | |
| SCHOOL/DISTRICT | |
| ADDRESS | |
| WORK TELEPHONE | |
| CELL PHONE | |
| FAX NO | |

EMAIL ADDRESS _____

PLEASE RETURN COMPLETED FORM AS SOON AS POSSIBLE OR BY APRIL 11, 2015 TO:

Sari Kustner 1555 Bellefontaine Drive Riverside, CA 92506 Phone: 951-201-9142; FAX: 951-683-7222 sariok@aol.com

