D OFFICERS

2	2014 – 2015 CHARTER BOARI
CHARTER:	
PRESIDENT: NAME JOB TITLE SCHOOL/DISTRICT ADDRESS TELEPHONE FAX NO. EMAIL ADDRESS	
BOARD DELEGATE: NAME JOB TITLE SCHOOL/DISTRICT ADDRESS TELEPHONE FAX NO. EMAIL ADDRESS	
VICE PRESIDENT/LEG. AC NAME JOB TITLE SCHOOL/DISTRICT ADDRESS TELEPHONE FAX NO. EMAIL ADDRESS	TION:
VICE PRESIDENT/MEMBER NAME JOB TITLE SCHOOL/DISTRICT ADDRESS TELEPHONE FAX NO. EMAIL ADDRESS	RSHIP:

TREASURER: NAME JOB TITLE SCHOOL/DISTRICT **ADDRESS TELEPHONE** FAX NO. **EMAIL ADDRESS SECRETARY:** NAME JOB TITLE SCHOOL/DISTRICT **ADDRESS TELEPHONE** FAX NO. **EMAIL ADDRESS OTHER:** NAME JOB TITLE SCHOOL/DISTRICT **ADDRESS TELEPHONE** FAX NO.

EMAIL ADDRESS

PLEASE RETURN COMPLETED FORM AS SOON AS POSSIBLE OR BY APRIL 11, 2014 TO:

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

