

ESA MISSOURI STATE COUNCIL – CHAPTER ROSTER

CHAPTER NAME _____

PRESIDENT’S THEME _____

(Attach copy of Logo)

<p>PRESIDENT: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____</p>	<p>CORRESPONDING SECRETARY: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____</p>
<p>PRESIDENT ELECT: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____</p>	<p>TREASURER: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____</p>
<p>VICE PRESIDENT: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____</p>	<p>PARLIAMENTARIAN: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____</p>
<p>RECORDING SECRETARY: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____</p>	<p>EDUCATIONAL DIRECTOR: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____</p>
<p>*****USE 2ND PAGE FOR MEMBERSHIP*****</p>	<p>Due: May 1 (or Sunday AM – State Convention) To the NEW TREASURER</p>

NAME: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____	NAME: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____
NAME: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____	NAME: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____
NAME: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____	NAME: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____
NAME: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____	NAME: _____ Member # _____ Address _____ City, State, ZIP _____ Phone: Home _____ Work _____ Cell _____ Fax _____ E-Mail _____ Birthday _____ Anniversary _____ Husband _____ Birthday _____

(If needed, make additional pages of this form to complete membership roster)