



2012-2013 PILOT CLUB OFFICERS

Complete club officers form and send to PI Headquarters by May 1. A copy should be sent to the **2012-2013 District Governor**. Club name and e-mail address (if provided) will be included in the "Find a Club" section of the Pilot Web site.

PILOT CLUB OF _____ DISTRICT
(City and State/Province/Prefecture)

Business Meeting: _____
(Day, i.e. 1st Thurs., and time) (Place)

Program Meeting: _____
(Day, i. e. 1st Thurs. and time) (Place)

Club's Web Page Address _____ Club's E-mail Address _____

(This address will be listed on the PI Web site with club name. You may use Club or President's e-mail address, or the address of any member responsible for checking messages.)

PRESIDENT:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Area Area
Telephone: Code: _____ Code: _____ FAX _____
(Residence) (Business)

PRESIDENT ELECT:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Area Area
Telephone: Code: _____ Code: _____ FAX _____
(Residence) (Business)

TREASURER:

(Given Name) (Last Name) (E-Mail Address)

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

Area Area
Telephone: Code: _____ Code: _____ FAX _____
(Residence) (Business)

(OVER)

RECORDING SECRETARY:

| | | |
|--------------|-------------|------------------|
| (Given Name) | (Last Name) | (E-Mail Address) |
|--------------|-------------|------------------|

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

| | | |
|------------------------|-------------|-----------|
| Area | Area | |
| Telephone: Code: _____ | Code: _____ | FAX _____ |
| (Residence) | (Business) | |

PIF REPRESENTATIVE:

| | | |
|--------------|-------------|------------------|
| (Given Name) | (Last Name) | (E-Mail Address) |
|--------------|-------------|------------------|

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

| | | |
|------------------------|-------------|-----------|
| Area | Area | |
| Telephone: Code: _____ | Code: _____ | FAX _____ |
| (Residence) | (Business) | |

ANCHOR COORDINATOR:

| | | |
|--------------|-------------|------------------|
| (Given Name) | (Last Name) | (E-Mail Address) |
|--------------|-------------|------------------|

(Mailing Address - Include City, State, Postal Code)

If above is a P. O. Box, list street address, route, etc.

| | | |
|------------------------|-------------|-----------|
| Area | Area | |
| Telephone: Code: _____ | Code: _____ | FAX _____ |
| (Residence) | (Business) | |