

CHAPTER MANAGEMENT TEAM ELECTION REPORT

To: SOLE - The International Society of Logistics
 8100 Professional Place
 Suite 111
 Hyattsville, MD 20785-2229



District _____
 Chapter _____
 Date _____

Our Chapter Mgmt Team for Fiscal Year (FY) _____ is: *

CHAPTER MANAGEMENT TEAM**			
Chapter Chair	Member No. _____	Home Phone _____	
_____	_____	Business Phone _____	
_____	_____	Fax No. _____	
_____	_____	E-Mail _____	
Vice Chair, Finance	Member No. _____	Home Phone _____	
_____	_____	Business Phone _____	
_____	_____	Fax No. _____	
_____	_____	E-Mail _____	
Vice Chair, Administration	Member No. _____	Home Phone _____	
_____	_____	Business Phone _____	
_____	_____	Fax No. _____	
_____	_____	E-Mail _____	
Vice Chair, Member Services	Member No. _____	Home Phone _____	
_____	_____	Business Phone _____	
_____	_____	Fax No. _____	
_____	_____	E-Mail _____	
Vice Chair, Professional Dev.	Member No. _____	Home Phone _____	
_____	_____	Business Phone _____	
_____	_____	Fax No. _____	
_____	_____	E-Mail _____	
OTHERS (show all; use attachment, as necessary)			
Vice Chair, Education	Member No. _____	Home Phone _____	
_____	_____	Business Phone _____	
_____	_____	Fax No. _____	
_____	_____	E-Mail _____	
LEF Representative	Member No. _____	Home Phone _____	
_____	_____	Business Phone _____	
_____	_____	Fax No. _____	
_____	_____	E-Mail _____	
Newsletter Editor	Member No. _____	Home Phone _____	
_____	_____	Business Phone _____	
_____	_____	Fax No. _____	
_____	_____	E-Mail _____	
Webmaster	Member No. _____	Home Phone _____	
_____	_____	Business Phone _____	
_____	_____	Fax No. _____	
_____	_____	E-Mail _____	
	Member No. _____	Home Phone _____	
	_____	Business Phone _____	
	_____	Fax No. _____	
	_____	E-Mail _____	
<p>NOTES: * Please print or type name, membership number, and mailing address. If you do not wish to have this information published, please so indicate by checking the box at the line end. ** Send copy of this form to your District Director NLT June 30th.</p>			