

AMERICAN ASSOCIATION OF SHERIFF POSSES & RIDING CLUBS

CLUB OFFICER REPORT

NAME OF CLUB _____

DISTRICT _____ REGION _____

CLUB ADDRESS if separate from personnel

STREET _____

CITY, STATE & ZIP _____

CLUB OFFICERS

AASP & RC MEMBER

PRESIDENT _____ Yes/No

VICE PRESIDENT _____ Yes/No

SECRETARY _____ Yes/No

TREASURER _____ Yes/No

Please Name your voting delegates at this time

CLUB #1 DELEGATE _____

CLUB #2 DELEGATE _____

Please verify that the above named individuals will represent your Club at all meetings requiring voting officials. Must be signed by two officers of the Club and then return this form to:

AASP & RC
PO Box 423
Kempner, TX 76539

VERIFING SIGNATURES

NAME _____ OFFICE _____

NAME _____ OFFICE _____

