

AMERICAN ASSOCIATION OF SHERIFF POSSES & RIDING CLUBS

DISTRICT OFFICER REPORT

DISTRICT _____ REGION _____

DISTRICT ADDRESS where to mail information.

STREET _____

CITY, STATE & ZIP _____

DISTRICT OFFICERS

PRESIDENT _____

VICE PRESIDENT _____

SECRETARY _____

TREASURER _____

Please Name your voting representative at this time

DISTRICT REPRESENTATIVE _____

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

AASP & RC
PO Box 423
Kempner, TX 76539

VERIFING SIGNATURES

NAME _____ OFFICE _____

NAME _____ OFFICE _____