

AMERICAN ASSOCIATION OF SHERIFF POSSES & RIDING CLUBS

CLUB OFFICER REPORT

NAME OF CLUB _____

DISTRICT _____ REGION _____

CLUB MAILING ADDRESS:

STREET _____

CITY, STATE & ZIP _____

CLUB OFFICERS:

PRESIDENT _____ AASP&RC member? Yes/No

VICE PRESIDENT _____ AASP&RC member? Yes/No

SECRETARY _____ AASP&RC member? Yes/No

TREASURER _____ AASP&RC member? 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 AASP&RC meetings requiring voting officials. Must be signed by two officers of the Club and then return this form to:

AASP & RC
PO Box 287
Bowie, TX 76230

VERIFING SIGNATURES:

NAME _____ OFFICE _____

NAME _____ OFFICE _____