PILOT CLUB OFFICERS CLUB YEAR ____

Complete this form and send to PI Headquarters by May 1. Each club is required to submit this form on or before the May 1 due date to insure more effective and efficient communication with PI Headquarters. A copy should be sent to the incoming District Governor.

PILOT CLUB OF		DISTRICT	
(C	ity and State/Province/Prefecture)		
Business Meeting:			
(Da	y, i.e. 1st Thurs., and time)	(Place)	
(Da	y, i.e. 1st Thurs. and time)	(Place)	
Club's Web Site			
	ted on the PI Web site with club na		ent's e-mail address, or the
	responsible for checking messages.		
Club's Facebook name:			
PRESIDENT:			
(Given Name)	(Last Name)	(E-Mail Ao	ddress)
(Given i vanie)	(East Ivalle)	(D Ivian 71)	341033)
(Mailing Address - Incl	ude City, State, Postal Code)		
Telephone: ()	()	()	
		Business)	(Cell)
PRESIDENT ELECT:	:		
(Given Name)	(Last Name)	(E-Mail Ac	ldress)
(Mailing Address - Incl	ude City, State, Postal Code)		
Telephone: ()	()	()	
Telephone: ()	(Residence) (B	Business)	(Cell)
VICE PRESIDENT:			
(Given Name)	(Last Name)	(E-Mail A	ddress)
(Mailing Address - Incl	ude City, State, Postal Code)		
Telephone: ()	()	()	
1	(Residence)	(Business)	(Cell)
TREASURER:			
(Given Name)	(Last Name)	(E-Mail Ac	ddress)
(Mailing Address Incl	ude City, State, Postal Code)		
(waiting Address - Inch	ude City, State, r Ostal Code)		
Telephone: ()	()	()	
	(Residence) (B	Susiness)	(Cell)

RECORDING SECRETARY: (Given Name) (Last Name) (E-Mail Address) (Mailing Address - Include City, State, Postal Code) Telephone: (_____)___ (Business) (Cell) **CORRESPONDING SECRETARY:** (Given Name) (Last Name) (E-Mail Address) (Mailing Address - Include City, State, Postal Code) Telephone: (_____)____ (Residence) (Business) (Cell) **DIRECTOR/IMMEDIATE PAST PRESIDENT:** (Given Name) (Last Name) (E-Mail Address) (Mailing Address - Include City, State, Postal Code) Telephone: (_____) (_____) (Business) (Cell) **ONE-YEAR DIRECTOR:** (Given Name) (Last Name) (E-Mail Address) (Mailing Address - Include City, State, Postal Code) (Business) Telephone: (_______ (Residence) (Cell) TWO-YEAR DIRECTOR: (Given Name) (E-Mail Address) (Last Name) (Mailing Address - Include City, State, Postal Code) PI REPRESENTATIVE:

(E-Mail Address)

(Cell)

(Business)

(Last Name)

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

Telephone: (_____) (Residence)

(Given Name)

ANCHOR COORDINATOR: (E-Mail Address) (Given Name) (Last Name) (Mailing Address - Include City, State, Postal Code) (Business) **MEMBERSHIP CHAIR:** (Given Name) (Last Name) (E-Mail Address) (Mailing Address - Include City, State, Postal Code) **FUND RAISING CHAIR:** (Given Name) (Last Name) (E-Mail Address) (Mailing Address - Include City, State, Postal Code) (Residence) (Business) (Cell) **PROJECTS CHAIR:** (Given Name) (Last Name) (E-Mail Address) (Mailing Address - Include City, State, Postal Code) (Cell)

LEADERSHIP DEVELOPMENT CHAIR:

(Residence)

(Given Name)	(Last Name)	(E-Mail Address)	
(Mailing Address - Inclu	de City, State, Postal Code)		
Talanhana ()			

(Business)

(Cell)