

PROVINCIAL AND LOCAL ASSOCIATION OFFICERS/DIRECTORS REPORT 20 TO 20

Association Name:		Association #:	
The annual meeting was held on:		Date of next annual meeting:	
Local Dues: \$	Provincial Dues: \$	National Dues: \$20.00	Total Dues: \$
Association email address (required):			
PLEASE LIST THE POSITION, CTF ID #, COMPLETE NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS OF ALL OFFICERS AND DIRECTORS, INCLUDING THE ASSOCIATION MANAGER, IN YOUR ASSOCIATION.			
Position: President	CTF ID#:	Position: Vice President	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Term Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position: Assoc. Manager	CTF ID#:	Position: Youth Coordinator	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Term Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Term Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Term Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	

Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Term Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Term Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Term Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Term Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Term Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	

