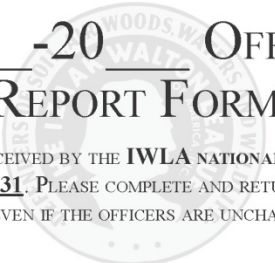


20____-20____ OFFICER REPORT FORM



REQUIRED INFORMATION:

Division and Chapter Numbers _____

Date Submitted _____

Official Chapter Name _____

NOTE:

All persons listed on this form will receive leadership mailings. All will be published in the annual IOWA National Directory.

INSTRUCTIONS:

1. List ALL officers, whether new or re-elected. (Please type or write in black ink.)
2. Send one copy to the national office and one to the division secretary, if applicable.

This form may be found on our Web Site at www.iwla.org.

MUST BE RECEIVED BY THE IOWA NATIONAL OFFICE BY **AUGUST 31**. PLEASE COMPLETE AND RETURN THIS FORM EVEN IF THE OFFICERS ARE UNCHANGED.

CHECK HERE if information is the same as it appeared in the previous year's National Directory.

Please type or print clearly. Please attach separate sheet if additional space is needed.

Title	Name	Member Number (if known)	Street, Apt., City, State, Zip (Use +4 zip if known)	Home/Work Phone (Please include area code)	E-mail
President (P)				H: W:	
First Vice President (1VP)				H: W:	
Secretary (S)				H: W:	
Membership Dues Recipient (MDR)				H: W:	
Treasurer (T)				H: W:	
Environmental Education Chair (EED)				H: W:	
Save Our Streams Chair (SOS)				H: W:	
Outdoor Ethics Chair (OE)				H: W:	
Conservation Issues Chair (CI)				H: W:	
Sustainability Education Chair (SE)				H: W:	
Shooting Sports Coordinator (SSC)				H: W:	
Youth Program Coordinator (YPC)				H: W:	
Media Outreach Chair (MO)				H: W:	
Webmaster (WEB)				H: W:	
Newsletter Editor (NLE)				H: W:	
Membership Marketing Chair (MMC)				H: W:	
Awards Chair (AC)				H: W:	