

CLUB LEADERS



(CLUB NAME)

Effective Date: _____ Date Submitted: _____

To facilitate the preparation and maintenance of the Resident Club Listing and to provide the correct information to all members, Sun City Vistoso Community Association, Inc. requests the following information to be returned to the Administration Office as soon as possible after any election of officer(s), or any change of officer(s).

Date new officer(s) assume duties: _____ Number of members: _____
Please indicate if your club has a nonresident as a member: Yes No

Fiscal year of club/organization: Beginning: _____ Ending: _____

PRESIDENT/LEADER

Name: Mr., Mrs., Ms. _____

Address: _____

Telephone: _____ E-mail: _____

VICE-PRESIDENT/_____

Name: Mr., Mrs., Ms. _____

Address: _____

Telephone: _____ E-mail: _____

SECRETARY/_____

Name: Mr., Mrs., Ms. _____

Address: _____

Telephone: _____ E-mail: _____

TREASURER/_____

Name: Mr., Mrs., Ms. _____

Address: _____

Telephone: _____ E-mail: _____