



AACA OFFICER REPORTING FORM

Please list names and addresses as they appear on the membership card;
ALL OFFICERS MUST BE CURRENT AACA MEMBERS

Due January 31

All officers MUST be PAID AACA members.

REGION/CHAPTER _____

Officer	Name	AACA #	Address	Phone	Email
President					
Vice-President					
Secretary					
Treasurer					
Editor					
Web Master					
Membership Chair					

Name of publication: _____

Website: _____

MAIL THIS COMPLETED FORM TO AACA NATIONAL HEADQUARTERS:
800 W Hersheypark Drive, Hershey, PA 17033 or email to seitnier@aaca.org



Signature: _____ Title: _____ Date: _____ # of Members: _____