



# Election Report Form

Full Name of Society \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of total affiliate members \_\_\_\_\_ EIN \_\_\_\_\_

### CHAIR OF THE BOARD

Name/Cred \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

ASRT# \_\_\_\_\_

Term \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  NWP\*

### PRESIDENT

Name/Cred \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

ASRT# \_\_\_\_\_

Term \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  NWP\*

### VICE PRESIDENT

Name/Cred \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

ASRT# \_\_\_\_\_

Term \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  NWP\*

### PRESIDENT ELECT

Name/Cred \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

ASRT# \_\_\_\_\_

Term \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  NWP\*

### SECRETARY

Name/Cred \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

ASRT# \_\_\_\_\_

Term \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  NWP\*

### TREASURER

Name/Cred \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

ASRT# \_\_\_\_\_

Term \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  NWP\*

### (Check One)

EXECUTIVE SECRETARY

MANAGEMENT COMPANY

Name/Cred \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

ASRT# \_\_\_\_\_

Term \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  NWP\*

Our members and nonmembers often rely on ASRT for contact information from the Affiliate Societies, therefore with completion of this form, some or all information will be available to all who visit our Web site. Please complete all fields listed for contact information.

\* Please use NWP to indicate any contact information society officers **do not** want published on the ASRT Web site.

SIGNATURE OF AUTHORIZED AFFILIATE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_



## Additional Officers and Board Members

TITLE \_\_\_\_\_  
Name/Cred \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail \_\_\_\_\_  
ASRT# \_\_\_\_\_  
Term \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  NWP\*

TITLE \_\_\_\_\_  
Name/Cred \_\_\_\_\_  
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Term \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  NWP\*





## Editor's or Web site Contact

List name of publication \_\_\_\_\_

Term of Office \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ ASRT # (if applicable) \_\_\_\_\_

Name/Credentials \_\_\_\_\_

Wk. Phone (\_\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

## Legislative Contact

Term of Office \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ ASRT # (if applicable) \_\_\_\_\_

Name/Credentials \_\_\_\_\_

Wk. Phone (\_\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

This information will be distributed to the Communications and Government Relations Departments in order to ensure continuity throughout ASRT with affiliate contact information.