



Ukrainian Orthodox League of the USA Senior Chapter Election Report

Chapter Name: _____

Chapter Address: _____

Date of Election: _____

Please complete all areas with a **red ***. For the areas with a **blue #**, please indicate the method by which your chapter wishes to receive UOL information.

President:			
*Address:			
*Phone#:			
*Email:			
#Receive Information:	Email	Mail	Both

Vice President:			
*Address:			
*Phone#:			
*Email:			
#Receive Information:	Email	Mail	Both

Recording Secretary:			
*Address:			
*Phone#:			
*Email:			
#Receive Information:	Email	Mail	Both

Corresponding Sec.:			
*Address:			
*Phone#:			
*Email:			
#Receive Information:	Email	Mail	Both

Treasurer:			
*Address:			
*Phone#:			
*Email:			
#Receive Information:	Email	Mail	Both

Auditor:			
*Address:			
*Phone#:			
*Email:			
#Receive Information:	Email	Mail	Both

Auditor:			
*Address:			
*Phone#:			
*Email:			
#Receive Information:	Email	Mail	Both

Reporter:			
*Address:			
*Phone#:			
*Email:			
#Receive Information:	Email	Mail	Both

Spiritual Advisor:			
*Address:			
*Phone#:			
*Email:			
#Receive Information:	Email	Mail	Both

X

President's Signature

Please return to UOL NEB Corresponding Secretary by September 15th

Late Fee: \$10 per month

Mail to: UOL Corresponding Secretary *See UOL Website for Information.

Email: corrsecretary@uolofusa.org Please indicate which officers should receive chapter mailings/information from the UOL National Executive Board.

- 1) _____
- 2) _____
- 3) _____